TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If ony delay it issary, please execute the cert is, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director Poge 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used an Edwichtransit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removol.

> VS. A15ME[5] 5M 9/55

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 27

1.	PLACE OF DEATH B. COUNTY					2. USUAL RESIDENCE (M	/here deceased li	ved. If Institution by COUNTY		e before od	mission)		
/_		ince Georg		MARYL		D.C.					- 4		
	 b. CITY OR TOWN (If and give necres) town) 	outside corporate limits, write	RURAL	c. LENGTH OF STAY II	1 15	c. CITY OR TOWN (If	outside corporat	e limits, write	RURAL and g	ive nearest	tawn)		
	্র প্রকৃতি ব	Hyattsvil	le	1 day		Wasi	hington	L	L'/X-	3			
	d. NAME OF HOSPITA	L OR INSTITUTION (I	f not in h	ospital, give street address)		d. STREET ADDRESS				e, IS	RESIDENCE N A FARM?		
		e Convales	cent	and Rest Ho	ne	1620 Ridge Place, S.E. YES NO							
3.	NAME OF DECEASED	Fin	t	Middle		Last	4. DATE OF	Month		Day	Year		
	(Type or print)	John	El	lsworth	LA	lman	DEATH	April	13		19 59		
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	0 8.1	DATE OF BIRTH	9. /	GE (In years	Months Do	YEAR IF UN	Min.		
	Male	white	WIDOW	/ED DIVORCED]	April 21,	1882	76 yn.	Months De	175 110011	Anin.		
10	a. USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	iane 10b.	KIND OF BUSINESS OR II	IDUSTR'	11. BIRTHPLACE (Stole	ar fareign count	y)	12. CITIZE	N OF WHA	T COUNTRY?		
	Lieutena		d0 1	Fire Departme	ent	Dis. of Co	olumbia		1	U.S.A.			
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME						
	Henr	y Allman				L	ouise Go	SS					
15		R IN U. S. ARMED FO		6. SOCIAL SECURITY NO.	17. IN	ORMANT		Address					
(11	No	fu ter' due not et enes et	ierrice)	none	Mrs	Viola Allma	an: same	addre	55 as :	# 2.			
		H Enter only one cau	se per lin	e for (a), (b), and (c).						INTERVAL BET	WEEN		
	PART I. DEAT	H WAS CAUSED BY:		Cerebral	Vas	cular accide	ent			ONSET AND O	DEATH.		
	331X	IMMEDIATE CAUSE (a)		00200202		01202 00020	0110						
	Conditions, if on	DUE TO		Arterios	cler	osis:							
	gave rise to immed	iote couse		M oci Ton	0,2,0,2	00.33					-		
	(a), stating the w												
7		FR SIGNIFICANT CON	OFTIONS (CONTRIBUTING TO DEATH	BLIT NO	A DELATED TO THE TERM	NIAL DISCASE CO	NIDITION GIV	ENI INI PAOT 1	(m) 10 MA	C ALITOPEY		
Ö	I ANT IL OUT	ER SIGNIFICATIVE CON	2110142	CONTINUO NO DENIN	001140	TALLACED TO THE TEXAS	INTERISE CO	TOTAL OTT	MANATORI	PERI	FORMED?		
FICA	20g. EXTERNAL CAU	CE WAS 200	DECCO	ISE HOW INNERS OCCUPA	ED IE-		A - B 10 11 -	***		YES [NO		
CERTIFICATION	PRIMARY Or CON	TRIBUTING	o. Deseri	BE HOW INJURY OCCURR	ED. ĮCNI	er nature at injury in Pan	I ar rari II ar II	em IU.)					
	20c. TIME OF INJUR	Y Month, Day, Yea	r 20-1	I. INJURY OCCURRED 120	01 4 65	COS INTUINOV (U	001 1000	auto l	(Ca)		16 testa b		
MEDICAL	Haur a.m.	r Month, Day, 190	Wh		factor	OF INJURY (Home, farm y, street, office bldg., etc.	20f. (City or 1	own)	(Cauni	71	(State)		
1				remains described	ahay	e held an Autons	v D Insn	ection .	Inquiry	Tel and	find that		
				Accident .		de \square . Hamicide		termined o		, one	A HING INIGI		
	Cediti resolled	Training !	P-001C3	- Accident []	OUIC	GC	L, Unde	ermined C	203e				
	ACTUAL	1 79	91 -	lance -		CHIEF MEDICAL EX	AANNED [T]			DATI	SIGNED		
	SIGNATURE	ann J'	116	convey		M.D.	_						
П	EXAMINER'S	Talam M Man		WD (ASSISTANT MEDICA	-		1 12	7050			
		John T. Mal				DEPUTY MEDICAL I		Apri		1959			
22	REMOVAL (Specify)	N. 22b. DATE THEREO	-0	22c. NAME OF CEMETER	Y OR C	REMATORY	22d. LOCATION	(City, town,	or county)	(SI	ate) j		
-	Burial	14-16-	7	Cedar	14	M	Du	tear	N	PP	Z		
23.	FUNERAL DIRECTOR'S	17	166	1- Good Ho	122 1	CR SE 240. REC'	D BY REGISTRAR	245. REGIS	STRAR'S SIGN	IATURE			
. 2	BANKINIKS	mo.		WASh 201	3	C DATAPE	1 5 '59	Cal	2.00 9 40	-			

of the first than the second of the second o atomia de in carecas, ser las sus atama de A THE REPORT OF THE PARTY OF TH deputitions for Control Control (Control Control Contr TAT THE PARTY AND THE PARTY AN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4651 **CERTIFICATE OF DEATH** Reg. Dist. No.

1,	PLACE OF DEATH	cince Georg	08	MARYL	- 11	o. STATE	laryla		lived. If institut b. COUNTY		~		
	b. CITY OR TOWN (III RURAL and give ne		s, write c	LENGTH OF STAY I	N 16	1	svill		ote limits, write l	RURAL and	give nea	rest town)
1	OR INSTITUTION	AL (If not in hospital, gi		•		d. STREET A	DDRESS		et		-		DENCE FARM? NO [X]
3.	NAME OF DECEASED (Type or print)	Firs Ba		Middle Boy	A	lsop	t	4. DATE OF DEATH	Apri		Day		reor 19 59
5.	SEX Male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 B.	Abril	20 1		9. AGE (In years lost birthday) yrs.	IF UNDER	Doys	Hours 13	R 24 HRS. Min.
	during most of work None FATHER'S NAME	ON (Give kind of work d ing life, even if retired)	ane 105, Kil	ND OF BUSINESS OF	INDUSTI	Mar	yland		uniry)			- Brit 1	country?
13	J	ohn W. Al	sop			14. MOTHER'S	oria	J Au	ıth				
15	WAS DECEASED EVER	R IN U. S. ARMED FORCE If yes, give wor or dates of so	(ES? 16. SO	CIAL SECURITY NO.		ormant oria	J	Moth		dress	sam	0	
Z	PART I. DEA	nmediate Dus TO	ale	lelect rystes	Pla	- Pa	Prince of the Tepah	Ce se	7 ru	VP1 IN PAR	ONS	RVAL BET	DEATH
CERTIFICATION	20g. ACCIDENT WA	9		BE HOW INJURY OC								PERFO	NO [
MEDICAL C		Manth, Day, Yea	r 20d. tNJU While at work [Not while	20e. PLAC focto	E OF INJURY (I	Home, form, s bldg., etc.	20f. (City	or town)	(1	County)		(State)
	21. I certify the glive on April Actual SIGNATURE PHYSICIAN'S NAME (Type)	or I attended the 1 21 Dr. Kelly		9_, and that	death o	occurred at.	8:20.	AM, fram ADDRESS (SIN	the causes ceel, city or jown,	and on total		e state	
22	BURIAL CREMATION REMOVAL (Specify) Burial	A/22/59	1	cedar Hil			7	22d. LOCATI	ON (City, town, Suitle		Md.	(Stole	:)
23.	F. Gasc	h's Sons	Hyatt	ADDRESS Sville, h	dary	land.		PR 2 3	100	Istrar's si			

neral director, id be filed with

ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hour haspital ar attending physician.

After this certificate has been signed by the attending physician and campletely filled hed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 hed for use as the burial-transit permit. detached for use as the burial-transit TO FUNERAL DIRE

the registrar priar to buriol, cremation, ar

VS A15 (4) 15M 10/57

A RESIDENT LANGUAGE DE LA TEMPE DE LA PRIME CHALLIMANT. CERTIFICATI DE DEATH 1 - 1 - 1 - 1 - 1 - 1 - 1 . . . STATE OF THE PARTY OF and the proof of the land of the particular of t M

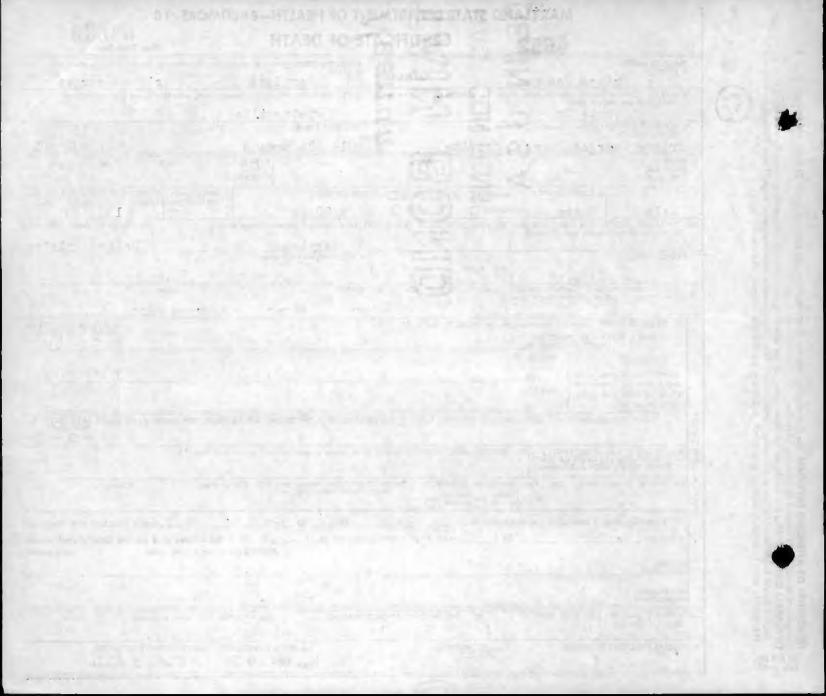
VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
				-

4652 CERTIFICATE OF DEATH

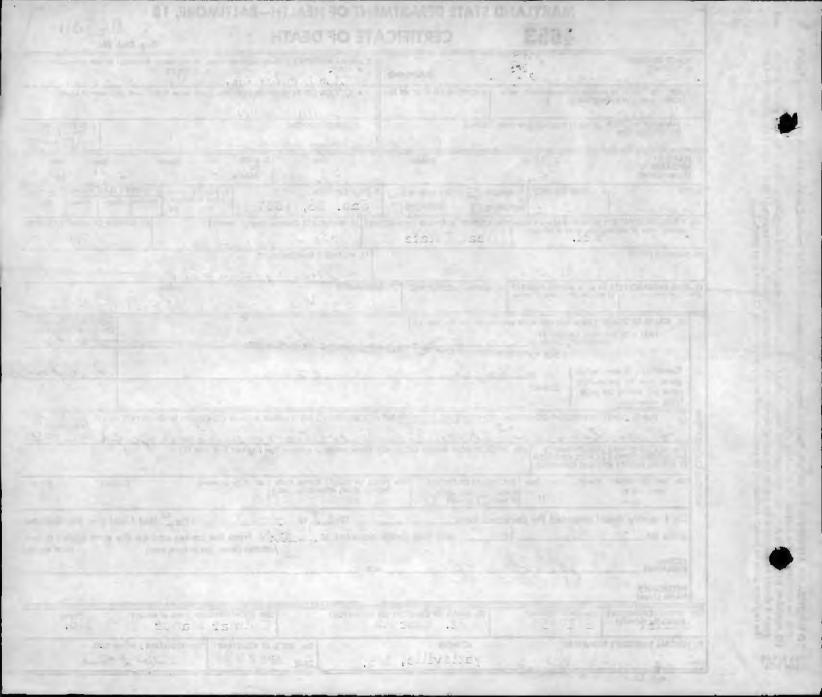
 $\underset{\text{Reg. Dist. No.}}{04629}$

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
Prince Georges MARYLAND	o. STATE Maryland b. COUNTY Prince Georges	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn) Cheverly	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1.5 Hyattsville	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	. d. STREET ADDRESS / e. IS RESIDER	NCE
Prince Georges General Hospital	2014 24 Avenue	
3. NAME OF BECEASED (Type or print) BADY BOY	A DATE Month Day Year OF DEATH LY 2/ 19	54
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF RIPTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2)	4 HRS.
Male White WIDOWED DIVORCED	4/20/59 lost birthdoy) Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	UNTRY?
during most or working me, even it retired)	Maryland United Sta	tes
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
Erven Athu	Many DNaldson	V:
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 8 (Yes, no. or unknown) (If yes, give wor or dates of service)	INFORMANT Address	
	Mary Mother Address Same	
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETW	
PART 1. DEATH WAS CAUSED BY:	Pet to 14	ATH
770.0 DUE TO 11		
Conditions, if any, which) (b) Fry Hoto hala	stemo Fitalio 24h	1
gave rise to immediate couse (a), stating the under-		-
lying couse last. (c)		
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTH PERFORME YES NO	ED?
	D. (Enter nature of injury in Part 1 or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to 19 work of work of work 19 of work 19	ACE OF INJURY (Hame, form, 20f. (City or fown) (County) (County)	(State)
21. I certify that I attended the deceased from 11-7-7	, 1954, to 24-21, 1957, that I last saw the dec	rensed
/ - /	accurred at 4110 PM, from the causes and an the date stated of	abave.
ACTUAL STOPLE MILES	ADDRESS (Street, city or lown, stote) DATE	SIGNED
SIGNATURE A CALLETTE TO THE	M.D.	13
PHYSICIAN'S R.D. BOUER M.D.	Halphi mid.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	(3,0,0)	
cremation 4/29/59/ / Frince George	's General Hospital, Cheverly, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE HATTY Penn	Jr 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
Administrator	DATE APR 3 0 '59 Chilmy S. Kinus	
1207/1242×V6/C		



04630 4653 **CERTIFICATE OF DEATH** Reg. Dist. No. filed with). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased liyed. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND GEDVOG b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VIFMOVIE YES NO IX C NAME OF Middle 4. DATE Day Year DECEASED (Type or print) DEATH 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Jan. 16, 1887 WIDOWED IT DIVORCED T YES. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking-life, even if retired) Real Estate 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT M. Austin - As above 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND OBATH d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY PERFORMED? YES NO IT 20a. ACCIDENT WAS UNDERLYING LI OR GONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a. n. factory, street, office bldg., etc.) Not while at work at work 21. I certify that I attended the deceased from. . 1957, that I lost saw the deceased and that death occurred at 12:35 AM, from the causes and on the date stated above. ADDRESS (Street, city or lawn, state) ACTUAL RAL DIR PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 4/29/59 BEHOVAL (Specify) Ft. Lincoln Colmar Manor Md. 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hyattsville, Md. VS A15 (4) arthur & thrus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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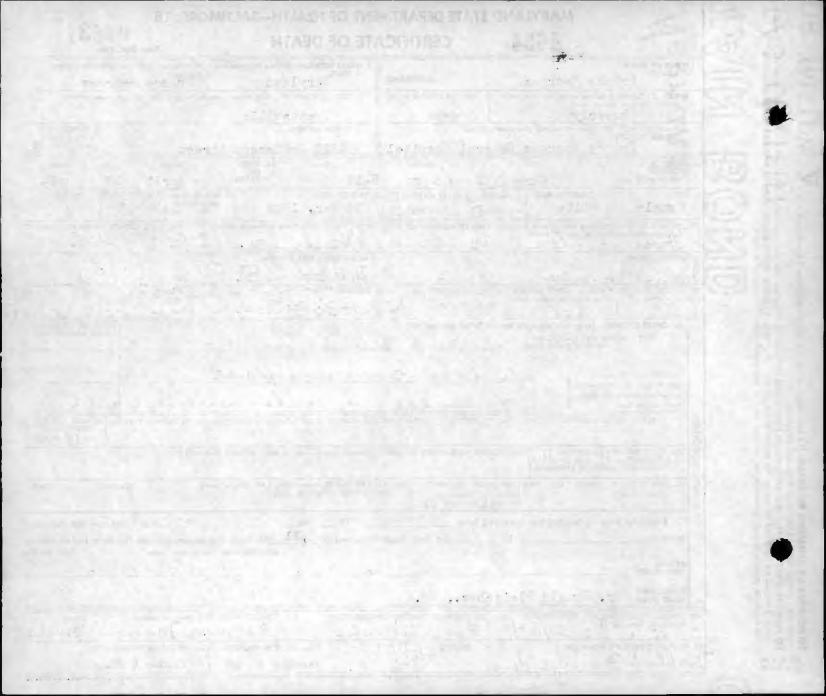
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04631

403	14	CERTIFIC	CATE OF DEATH	1	Reg. Dis	it. No.	l _{na}
1. PLACE OF DEATH o. COUNTY Prince Georges	3	MARYLAN	2. USUAL RESIDENCE (WI o. STATE Marylan		If institution: Resident		ssion)
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	ts, write c. LEN	NGTH OF STAY IN 1	b C CITY OR TOWN (IF	outside corporate lin	nits, write RURAL and g	give nearest lov	rn)
Cheverly	5		15 Hyattsv	rille			
d. NAME OF HOSPITAL (If not in hospital, good institution Prince Georges)	d. STREET ADDRESS 4310 Jeff	erson St	reet	ON	A FARM?
3. NAME OF Fig.		Middle	lost	4. DATE	Month	Doy	Yeor
OFCEASED (Type or print) Maj	or Elis	na beth	Ball	OF DEATH	April	28	1959
5. SEX 6. COLOR OR RACE		NEVER MARRIED		9. AG	E (In years IF UNDER	1 YEAR IF UNI	
Female White	WIDOWED	DIVORCED	26 Mar. 188	35 7	yrs. Months	Doys Hours	Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if relired	done 10b. KIND (OF BUSINESS OR IN	7/ //	or foreign country)	12. CIT	24.5.	T COUNTRY
13. FATHER'S NAME	&		Manther's MAIDEN M	AME	1-2-1:	01	
15. WAS DECEASED EVER IN U. S. ARMED FOR	ICES? 16. SOCIAL	L SECURITY NO. 11	7. INFORMANT W. N	away	Address, (7)	elec.	-
(Yes, no, or unknown) (If yes, give wor or dates of s	ervice) -22	no l	5818-305	7,0.0	C PSECE	- h = 0	ma.
18. CAUSE OF DEATH [Enter only one co	ouse per line for fo	o), (b), and (c),]	V 13 70		uceus- cer	INTERVAL E	FTWEEN
PART I. DEATH WAS CAUSED BY:	1	Lacut	Laction 1	The Comment	_1	ONSET AN	D DEATH
1430,0 IMMEDIATE CAUSE (o			Ju coolean /	-			
Conditions, if ony, which)	Such	acute K	Enchance li	donat	7 Sulow		
gove rise to immediate	10000	0		-			
lying couse lost.	, 4 0	luchal	in and	in se	. to de to	Embol	
PART II. OTHER SIGNIFICANT CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DITIONS CONTRI	BUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	PERF	AUTOPSY ORMED?
	206. DESCRIBE H	IOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or Part 11 of	item 18.)	1	
20c. TIME OF INJURY Month, Doy, Yes	White N	OCCURRED 20e.	PLACE OF INJURY (Home, form factory, street, office bldg., etc.	20f. [City or to	vn) (C	(ounty)	(Stote)
21. I certify that I attended the		1/ - 1	3 10 V7 to	wf- 28	10 407 16-11	l Al	1.
olive an	deceased fro		oth occurred at 7,31		, 19 V7, that I	lost saw the	decease
dive di		_, and that dec					ted abave
ACTUAL SIGNATURE COLA	Here	call.	M.D. V432	Much	7 Cape	1 Post	/ SIGNE
PHYSICIAN'S Dr. Ronald I		r., Md.	1/430	Houle	1. Krot.		4/19
Burian (Specify) 5/2/5	9 4	ont Li	OR CREMATORY	Colm	city, town, or county)	(Ste	nd.
23. FUNERAL DIRECTOR'S SIGNATURE	, A	DORESSILER	Circur 240. REC	D BY REGISTRAR	246. REGISTRAR'S SIC	SNATURE	
Wallings Funeral	Home.	7	DATEMA	Y 4 '59	arthur &	tracea	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 haurs after death. Page 4 may be retained by hospital or attending physician.

TO FUNERAL DIREC. After this certificate has been signed by the attending physician and campletely filled in by the real director, page 3 shauld be delacked for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death VS A15 (4) 15M 10/57





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3.700

CERTIFICATE OF DEATH

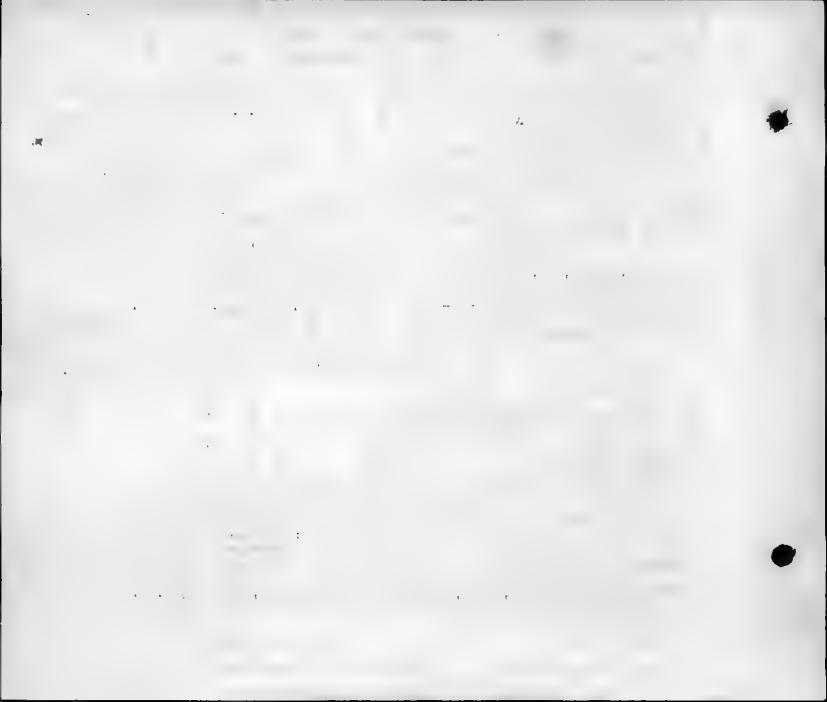
04633

	2 5 00							Reg. Dist.	No.	
o. COUNTY Pri	ince George	e s	MARYL	AND	2. USUAL RESIDENCE (W a. STATE	here decease	d lived. If instituti b. COUNTY	oni Residence	before ad	imission)
b. CITY OR TOWN (IF	autside carporate lim	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If	outside carpo	prote limits, write R	URAL and give	e nearest	lawn)
Andrews AFE	B same				WASHINGTO	N D.C.		some f	~	,
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital,	give street	oddress)		d. STREET ADDRESS				e. 15	RESIDENCE
USAF Hospit	al Andrews	5			1676 32nd S	t NW				S NO
. NAME OF	Fi	rai	Middle		Lout	4. DATE	Mar	th	Day	Year
(Type or print)	ROYDE	EN	EUGE	NE	BEEBE JR	OF DEATH	APRI	T,	29	19 59
. SEX	6. COLOR OR RACE	7. MARI	RIED MEVER MARRIES		DATE OF BIRTH		9. AGE (In years			INDER 24 HRS.
MALE	Cauc	WIDOW	_		26 July 190	8	lost birthdoy) 50 yrs.	Months D	nys Ho	ours Min.
00 USUAL OCCUPATIO	N (Give kind of work	done 10b	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stole	ar fareign (country)	12. CITIZI	EN OF W	HAT COUNTRY
Maj Gen US	ing life, even if retired	1)	USAF		Fort Doug	lae. I	ltah	1	USA	
3. FATHER'S NAME					14. MOTHER'S MAIDEN				1.54 %	
Royden E.	Beebe. Sr.				Sarah Re	id Par	·k			
S WAS DECEASED EVER			SOCIAL SECURITY NO.	17 IN	FORMANT		Add	ress		
Yes. no or unknown) 1	932 to 195	59	579-52-9072	LJ-	ife Mrs.	Royder	E. Beeb	Jr.		
Canditions, if an gave rise to in cause (a), stating t lying cause last.	nmediate DUE To	b) AI		otic	etion heart disea		SE CONDITION GIV		6 Y:	
PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	(Enter nature of injury in	Part I or Pa	rt II af ilem 18.}			ON K
20c. TIME OF INJURY Haur a. m. p. m.		While	NJURY OCCURRED Not white		CE OF INJURY (Hame, for ary, street, office bidg., et		y ar lawn)	(Cos	unty)	(Stole)
21. I certify the	at I attended the	e deceas	ed from 29 Ap	ril	19 <u>59</u> , to 2	9 Apri	1 , 19 59	that I la	st saw i	the deceose
olive an ACTUAL SIGNATURE PHYSICIAN'S THO NAME (Type)	omas S	15	riggs		occurred at 5:4. O USAF Hospi Andrews	ADDRESS (ilreet, city at lawn,	state) 20 0. G.	Apr	DATE SIGNE
20 BURIAL, CREMATION REMOVAL (Specify) DURI A 12 3 FUNERAL DIRECTOR'S	MAY 4		22c. NAME OF CEME	TON.	CREMATORY NATIONAL VASH, DE. 240. REC	HEL	TRAP 246 PEG	ar county!		(State)
RINALDI 7	TUNECAL !	HOME	816 H	84	N.E. DATE				Violed	

nerol director, 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRE R: After this certificate has been signed by the attending physician and completely filled in by 19 page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be detached far use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be detached for use as the burial, and in any event within 72 hours after death. I VS A1S (4) ISM 9/SS

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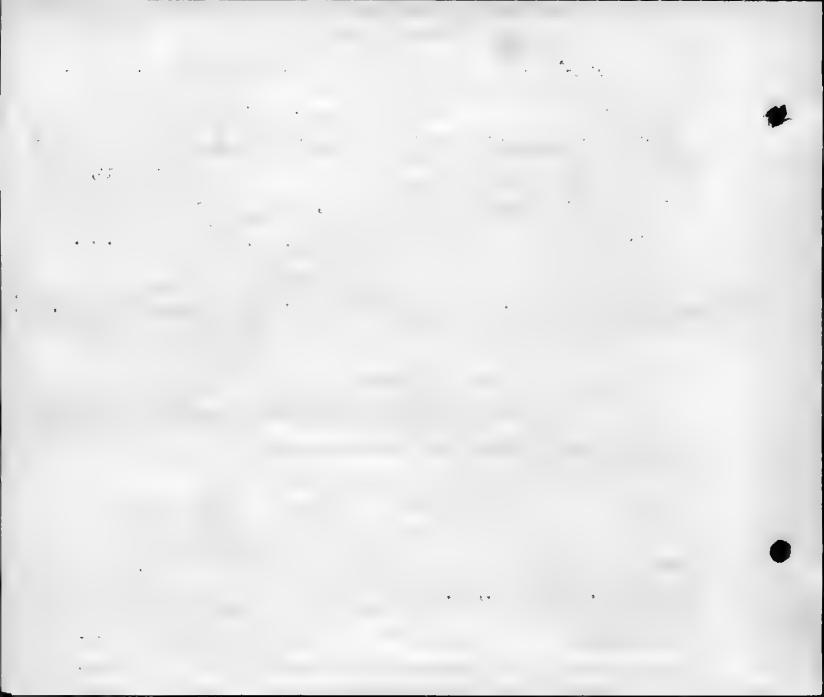


CERTIFICATE OF DEATH Reg. Dist. No 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY E ed **b.** COUNTY b. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d/STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? los 11205 Malt no YES 17 NO I NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH 19 🔾 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T & DATE OF BIRTH Months Days WIDOWED TA 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINBASTOR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 1402612647 13. FATHER'S NAME A 14. MOTHER'S MANDEN NAME 🥕 Kingsbury 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO lending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ノットはんどんしん IMMEDIATE CAUSE (0) CACLE **DUE TO** Conditions, if any, which] gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Vila This home YES NO 🗖 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE MOW INJURY OCCURRED. (Enter nature of injury in Part I or Part 11 of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Day, Year 20d INJURY OCCURRED (County) (Stote) o. m., While Not while at work of work p. m. 145419 1959, that I last saw the deceased 21. I certify that I attended the deceased fram.2 ta C 10 DM, fram the causes and an the date stated above. and that death accurred at ADDRESS (Street, city or town, state) ACTUAL SIGNATURE NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LÓCATION (City, town, or county) (Stote) REMOVAL (Specify) Buriel Cemetery Suitland Md. O 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) Upper Marlboro. Md. Pitchie Bros. DATE APR 2 4 '59 arthur & Through

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

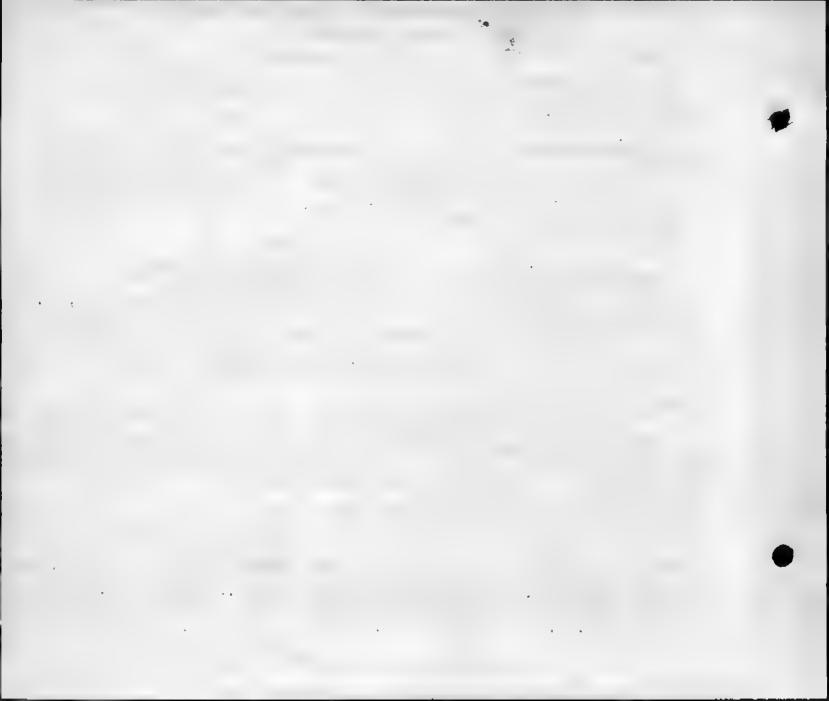


4708 CERTIFICATE OF DEATH director, deoth. Page 1, PLACE OF DEATH be filed a. COUNTY MARYLAND Prince Georges Marvland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) 15 Min Clinton Andrews AFB Wash 25. d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS USAF Hospital Andrews ,¢ NAME OF DECEASED First Middle Boyles Lester (Type or print) Una 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX Female DIVORCED IT Caucasian | WIDOWED [] popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) deoth. gad (Retail Clerk 13. FATHER'S NAME ofter requires that the death certificate William Wyley Bridges 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. attending No 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] Massive Cerebral Hemorrhage PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Hypertensive Cardiovascular Disease þ Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost (c) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur e. m Not while at work at wark 19.59 to 21. I certify that I attended the deceased from April 24 alive on April DIRE be ACTUAL SIGNATURE FUNERAL I PHYSICIAN'S USAF REGINALD P. MC NAME (Type) 220. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Washington.National 5 FONERAL DIRECTOR'S SIGNATURE

Reg. Dist. No 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) **b.** COUNTY Prince Georges c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES | NO K 8 ORiley Drive 4. DATE Month Year OF DEATH April 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months Davs October 6, 1902 56 12. CITIZEN OF WHAT COUNTRY? USA North Carolina 14 MOTHER'S MAIDEN NAME Docia Elvira Suttle Fourtune Address Ralph Cordovan 8 ORiley Drive, Clinton, Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES X NO 20e. PLACE OF INJURY (Hame, form, 20f (City or town) (State) (County) factory, street, effice bldg., etc.) April 24 19 59 that I last saw the deceased and that death occurred at 4:50A M, from the causes and on the date stated above. ADDRESS (Street, city or lawn, state) DATE SIGNED USAF Hospital Andrews (MC) Andrews AFB., Washington 25, DC 22d LOCATION (City, town, or county) (Stote) Suitland. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DAAPR 2 8 '59 arthur & Heart

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/55



FOR STATE HEALTH DEPT. Page Heprill. ory, please her files. TO DEPUTY MEDICAL EXAMINER: This certificate thauld be executed within 24 hours after death. If any delay is necess execute the certification was a second "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral disk 4 should be far. 4 should be far. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transis permit. File pages 1 and 2 with the Stare Baord or its designated agent, prior to burial, cremation, as removal, and in any event within 72 themsy offer death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4637 Reg, Dist. No.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
Frince George MARYLAND	o. STATE Maryland b. COUNTY Prince George
b. CITY OR TOWN IN outside corporate finits, write RURAL C. LENGTH OF STAY IN 16 D.O.A.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS / e 15 RESIDEN E
Prince George General	5704-29th. Place
3. NAME OF DECEASED (Type or print) MARIE C, BRA	DLEY DEATH April 3, 1959
5. SEX Formale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	DATE OF BIRTH 9. AGE In years Oct. 8, 1890 9. AGE In years Age burthday Manths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done dwing most of working life, even it retired) Home	TRY 11 BIRTHPLACE (Stote or foreign country) Washington D. C. U.S.A.
13. FATHER'S NAME Jeseph Hooper	14. MOTHER'S MAIDEN NAME Lillian Burns
ITM, so, or unknown) till yes, some war or dates of service)	hronmant thur Bradley 7930-18th. Ave. Adelphi Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	deart Failure
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO Cardio Vascular R. (b) DUE TO (c) (c)	enal Heart Disease
PART H. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT E 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(0) 19. WAS AUTOPSY PERFORMED? YES NO
	infer nature of injury in Part t or Part II of Item 18)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLA While Not white of work of work of work	CE OF INJURY (Home, form, 20f. (City or lown) (County) (State) ory, street, affice bldg., etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autopsy , Inspection , Inquiry , ond in my
opinion death resulted from: Natural couses . Accident	
SIGNATURE SOM J. Maloney	_M.D. CHIEF MEDICAL EXAMINER []
EXAMINER'S NAME (Type) Takes (B. 1863 arrays 16 D)	ASSISTANT MEDICAL EXAMINER Anni 1 4 1959
20 BURIAL CREMATION. 226 DATE THEREOF 22C. NAME OF CEMETERY OR	
Burial 4-7-159 Cedar Hill	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Suitland Maryland
W.W. Chambers Co. 5801-Cleve. Ave. Rivers	MD DATE APR 7 '59 Conting S. Finas



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4711 Reg. Dist. No director, filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Prince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 3 yrs..ll days Glenn Dale Washington d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 25 666 Kenilworth Ave., Glenn Dale Hospital YES NO TO v 2. NAME OF First Middle last 4. DATE Month Year Filled OF DEATH (Type or print) Jack 1959 Brown April 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS completely 9. AGE (In years last birthday) Months Days 2/4/1882 WIDOWED [DIVORCED [Male Negro 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laborer Oklahoma U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Brown Ellen Tillman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address No 200-07-3310 Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Pulmonary tuberculosis vrs. 00 21 X DUE TO Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underand lying cause last. **burial-transit** (c) PART II OTHER SIGNIFICANT CONSTHERES CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? removal. Pulmonary emphysema and fibrosis: cor pulmonale YES NO [] 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while at work al work | 4/29 19 59 that I last saw the deceased 21. I certify that I oftended the deceased from and that death accurred of 10:45 p.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior å Glenn Dale Hospital should PHYSICIAN'S Moe Weiss NAME (Type) m 22a. BURIAL, CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) REMOVAL (Specify)

Washington

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

9 0 VS A15 (4) 15M 10/57

EUNERAL DIRECTOR'S SIGNATURE

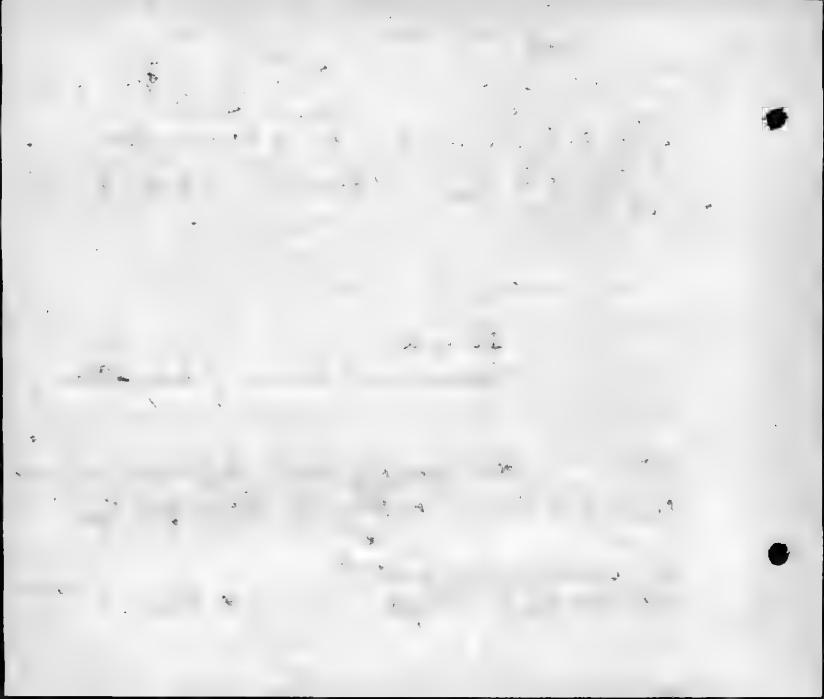
DIREC

FUNERAL

HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where decegaed lived. If institutional Residence before admiss on) o COUNTY (Heolth, į. c CITY OR TOWN (If outside corporate lime write RURAL and give neared lown) h CITY OF TOWN # d. NAME OF HOSPITAL OR INSTITUTION 3 NAME OF Middle DECFASED (Type or print) DEATH 5 SEX RACE 7. MARRIED TEMEVER MARRIED 18 DATE OF BIRTH 9 AGE Haven IFUNDER TYEAR IF UNDER 24 FUR Manths Dova Meura C & WIDOWED DIVORCED [100 USUAL OCCUPATION (Give kind of work Hone 100 KIND OF BUSINESS OR INDUSTRY, 1) BATHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 8. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. ō PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 139, WAS AUTOPS PERFORMED? NO T 20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part I tem 18) 20d. INJURY OCCURRED 200 PLACE OF INJURY (Home, form, 20f (City or town) Month, Doy, Year (County) (State) Not while L 1957 of work of work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection , Inquiry P. and in my opinion death resulted from: Natural causes ... Accident . Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED DIRE CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 22c., NAME OF COMETERY OR CREMATORY 22d. LOCATION (City, town 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 1-0 ne AISME DATE APR 1 4 '59 2500 Nichols AVE, S.E.



FOR STATE HEALTH DEPT.

800

Poge r. roge files. Health, Residence before admission)
Prince George

04640g. Dist. No.

and give nearest town)

ON A FARMS

Year 19

IF UNDER 24 HRS

Hours Min.

CITIZEN OF WHAT COUNTRY? U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

PART 1(a) 19. WAS AUTOPSY PERFORMED?

Suitland, md.

24a. REC'D BY REGISTRAR

246 REGISTRAR S SIGNATURE

NO [X

(Slate)

and in my

DATE SIGNED

_		3039 "		AL EXAMI	TEIC 3	CERTIFIC	-AIL OI	DEATH	Reg. Dist	, No.
	COUNTY P	rince Ge	orge	s MA	RYLAND	2. USUAL RESIDEN o. STATE		ned lived If instituted and b. COUN		
1	Cheve	f outs de corporate limits	write RURAL	c. LENGTH OF STA	i i	c. CITY OR TOW	VN (If autside con	porate limits, write	RURAL end g	e neores
				neral Hos		d. STREET ADDR	Southe	rn Aver	ue	YES
	NAME OF DECEASED (Type or print)	Robert	First	Middle William	7	wnlee	4 DATE OF DEATH	Apri	ື່ງ 2	8°y
	Male	& COLOR OF RAI		RIED NEVER MARR		Oct. 18,	1895	9. AGE (In years fort b ribdey) 63 yrs.		YEAR IF U
200	USUAL OCCUPATION MOSE I	ON (Give kind of wo	ork done 10b	Automobi	R INDUSTR		(State or foreign		12 CIFIZE	S.
3.	FATHER'S NAME					14. MOTHER'S MAR				
	Robert : WAS DECEASED EV		FORCES?	6 SOCIAL SECURITY N		France ormant el King B	s Leathe Fromlee	Address		
		TH WAS CAUSED BY IMMEDIATE CAUSE DUE 10 ny, which diots couse	(o)A to (b)Ca	refer (a), (b), and (c)] cute conges						INTERVAL BE ONSEE AND
	PART II, OTI	HER SIGNIFICANT CO		CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE	TERMINAL DISEAS	E CONDITION GI	VEN IN PART 1	1(a) 19. W/ PEI YES [
CEA IF	20g. EXTERNAL CAPRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING [7]	20b. DESCR	IBE HOW INJURY OCC	URRED (Ent	er nature of injury i	n Pert 1 or Port 1	of item 18 }		
3	20c. TIME OF INJU Hour e. m. p. m.		19 of	I. INJURY OCCURRED hite Not white work at work	factor	OF INJURY (Home, street, office bidg	., elc.)	y or town)	(Count	γ)
		_		remains describ			_	nspection 💂	. Inquiry ermined mo	- A
	ACTUAL SIGNATURE	am	5)	If I	-	MR-14	AL EXAMINER			DA1
	EXAMINER'S NAME (Typer/X	TARRETY Ja	mes I.	Boyd			ICAL EXAMINER	-	47 30	1959
20	BUR AL, CREMATIO REMOVAL (Specify)	ON 226 DATE THE	REOF	22c NAME OF CEM				TION (City, lown,		-///
	Burial	5-4-	59	Cedar H	ill			Suitlan	d. mid.	

ADDRESS

Lee Funeral Home - Washington D.C.

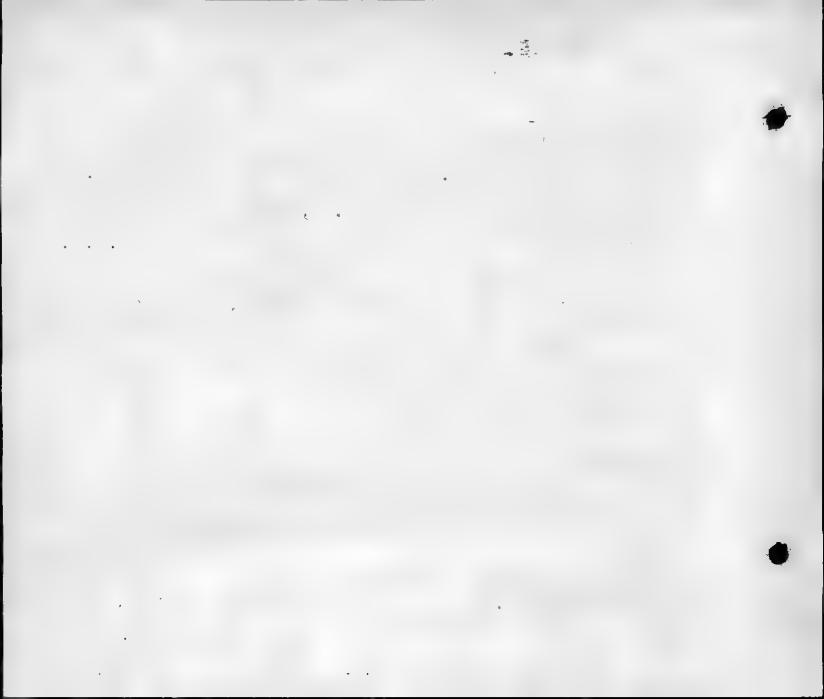
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ZODO MEDICAL EYAMINED'S CEDTIFICATE OF DEATH

TO DEPUTY MEDICAL ENAMINER: This marificate should be executed within 24 hours after Beath. If any delay is a execute the certifier, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral actual the card of the funeral actual that the control of the funeral actual that the card of the funeral actual ac VS A15ME 5M 2/57

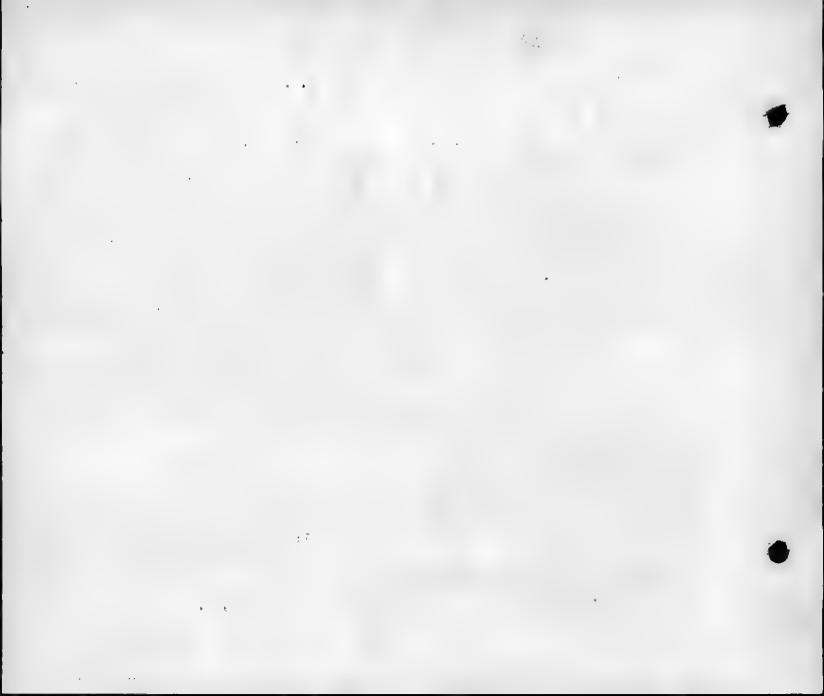
23 FUNERAL DIRECTOR'S SIGNATURE

DEPUTY MEMICAL



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	46	5 9 .	CERTI	FICA	TE OF DEATH	ert. MO	R	() 4 eg. Dist. N	1641 10.	[
	1. PLACE OF DEATH o. COUNTY Prince Geo	rges	MARYL	AND	2. USUAL RESIDENCE (Who o. STATE		b. COUNTY		fore odmiss	
	b. CITY OR TOWN (If outside corporal RURA), and give nearest town)		c. LENGTH OF STAY I	N 16	c CITY OR TOWN (If or	ottide corporate li	mits, write RURA	At and give r		
	Cheverly		3 days		X Washington	127, /				
	d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION Prince Georges G				7010 Groig	Street				FARM?
	3. NAME OF DECEASED (Type or print)	Fine Baby	Boy Middle		Bryant	4. DATE OF DEATH	April	6		Yeor 19 59
ı	5. SEX 6. COLOR OR I	ACE 7. MARI	RIED NEVER MARRIE	DP	B. DATE OF BIRTH		E (In years IF	UNDER 1 YEA		
۱	Male Whit	e WIDOW	ED DIVORCED		4/3/59	las	t birthdoy) M yrs.	onths Days	Hours	Min,
	18a. USUAL OCCUPATION (Give kind of during most of working life, even if r	wark done 10b elired}	KIND OF BUSINESS OF	INDU!	STRY 11. BIRTHPLACE (Stole of Maryland	or foreign country)		_	COUNTRY?
ı	13. FATHER'S NAME	1			14. MOTHER'S MAIDEN N	AME	4 .	0124	<u> </u>	02,000
1	Billy C	. 73r	yant		Sally	Mayine	Fires	lone		
1	15 WAS DECEASED EVER IN U. S. ARMET		SOCIAL SECURITY NO.	17 II	NFORMANT		Address			
				S	ally Bryant	Mother	Addre	ess se	me	
	Conditions, if any, which	BY: /	Relicka	el.	Heart Ly	leclais	e_	Ö	NTERVAL BE	DEATH
	Iying couse lost. Part II. OTHER SIGNIFICANT	(c) CONDITIONS (CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVEN	IN PART 1(o)	19 WAS	AUTOPSY DRMED?
-	3									HO □
	PART II. OTHER SIGNIFICANT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI IF EITHER, NOTIFY MEDICAL EXAMI	EATH NER)	CRIBE HOW INJURY OC	CURREC	D. (Enter nature of injury in P	art I or Port II of	item 18.)			
	7 20c. TIME OF INJURY Manth, Day Hour a. m, p. m.	Year 20d. II While of wor	Nat while	20e. PL/ foc	ACE OF INJURY (Home, form, clary, street, office bldg., etc.)	20f. (City or lo	wn)	(Count	у)	(Stole)
	21. I certify that I attended alive on April 6	the deceas			occurred atll:00A		causes and			
	ACTUAL SIGNATURE	the	/ et		<u>6</u> (Kun	ely s	4	4/2	159
	NAME (Type) Dr John	Kehoe			Che	werly M	d			
	220. BURIAL CREMATION 226. DATE THE REMOVAL (Specify) (4/9)	HEREOF	72c NAME OF CEME			22d LOCATION		ounty) Md	lo12)	(e)
	23 FUNERAL DIRECTOR'S SIGNATURE	-/	Waffy Per	nn J	240. REC'D	RY REGISTEAR	24b. REGISTR			
Į	blus by the if i	1-1-	Administra	tor.	DATE	11 1 0 00		d. 16	SALLES	



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the Maspital ar attending physician. 10 FUNERAL DIRECAL DIRECAL AS: After this certificate has been signed by the attending physician and campletely filled in by the content page 3 shauld be delached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shard be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 plans other death.
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V5 A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
4711	CERTIFICATE	OF DEATH		R

04642 Reg. Dist. No.

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	PLACE OF DEATH	rince Geor	ge	MARYL	AND	2. USUAL RESID	iaryla		d lived. If in b. CO			Geo.		ion)
	b. CITY OR TOWN (IF RURAL and give not SII	outside corporote limit orest lown) Ver Hill	s, write	c. LENGTH OF STAY II	N 1b	c. CITY OR T	own (If ou		orate limits, w	rrita RUF	AL ond g	jive neare	isi lown	>
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g 108 Par				d. STREET A	_	08 P	ark Bl	Lvd.				PARM?
	NAME OF DECEASED (Type or print)		ORA	Middle M.		BRYAN		4. DATE OF DEATH		Month Apr	. 28	th Doy		(eor 19 59
5	Female	6. COLOR OR RACE White	7. MARR	DIVORCED		March]		95	9. AGE (In lost birth				Hours	R 24 HRS Min.
	Nurse-Hous	ng life, even if retired]	iona 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPL	Mary	land	ountry)		12. CIT		WHAT SA	COUNTRY?
		Joseph M.	Armi	ger			Agnes		twell					
15.		IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 IN	FORMANT				Addres	_			
1:4	(I	f yes, give war or dates of si	irvice)		R	ichard /	A. Bry	ant	108-	Par	k Bly		Id.	
	33/X Conditions, if on gove rise to in couse (o), stoting I lying couse lost.	mediote (Ny	Rerten	de se	on de	ul						yen.	DEATH 10-
CERTIFICATION				ONTRIBUTING TO DEA							N IN PART	- 1	PERFO	RUTOPSY RMED? NO 🔼
	(IF EITHER, NOTIFY									,				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yea	While at work	Not while		CE OF INJURY (I		20f. (City	or town)		(C	ounly]		(Stote)
	actual signature	replaced the spring 28 mey () (1)	195 au	ed from Juli	death	0.2520		Ave	27, 19 in the cause treet, city or $S:E$.	ses an	d an th		state	deceased abave. ATE SIGNED
220	NAME IT PO	22b. DATE THEREO		22c. NAME OF CEME	TERY OP				TION (City, 1	DWD OF	country	10	(Stot)	
	REMOVAL (Specify) Burial	May lst			Ţ.,				Suitle			zland		-1
23.	FUNITE DIRECTOR'S	SIGNATURE	1661-	ADDRESS -Good Hope ington 20.		C to	240. REC'D		TRAR 24b	REGIST		MATURE		



VS A15 (4) 15M 10/57

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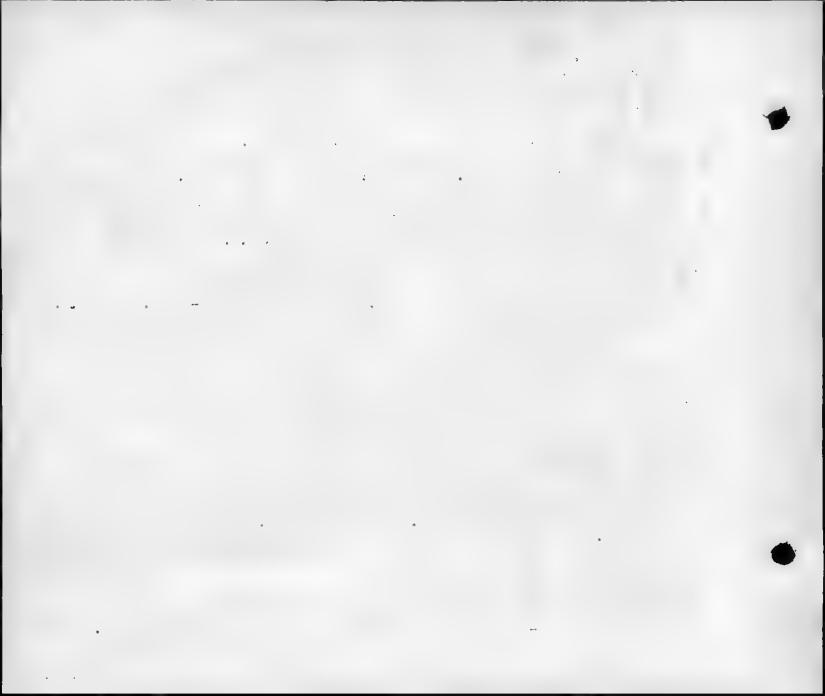
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Litem 7 Hilm 0241 4-27-53 et
CERTIFICATE OF DEATH

4660

04643

Reg. Dist. No.

1.	COUNTPrince George	MARYLAND	2 USUAL RESIDENCE (Where do STATE Marvland	- L COUNTY	Residence before admission]
r	b CITY OR TOWN (If outside corporate limits, write CITY OR TOWN (If outside corporate limits, write CITY OR TOWN)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside X Oxon Hill		tAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION Prince George General Hos	ddress) Spital	6796 Tucker R	d•	e. IS RESIDENCE ON A FARM? YES NO A
3.	NAME OF DECEASED (Type or print) Catherine	K. Middle B	1.7	DEATH APP •	Day Year 20 19 59
	Female White WIDOWE	DIVORCED [8 DATE OF BIRTH 5/22/06	lost bighday)	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
10	dusuat Occupation (Give kind of work done lob. If during most of working life, even if retired) Housewife	Onestic	Washington,		12 CITIZEN OF WHAT COUNTRY?
13	James Langley		Julia Ida La		
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S es. no. or unknown) (If yes, give wor or dates of service)		NORMANT Lula May Chan	ey 5018- 25t	•
ſ	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)	for (0), (b), and (c).]	, Breastwith	Gen. Metasto	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost. (b)				
VOITA DIBITATION	PART N. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL S	DISEASE CONDITION GIVEN	N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
		RIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port 1	ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. While pt work	Not white foc	ACE OF INJURY (Home, farm, 20 tory, street, office bldg., etc.)	f. (City or tawn)	(County) (State)
	21. I certify that I attended the decease alive on Apr. 20 19. ACTUAL SIGNATURE	occurred at 11:15PM	, fram the causes and LESS (Street, city or town, sta	d an the date stated above. ote) DATE SIGNED	
-	PHYSICIAN'S BERNAN & F. P. 9. BURIAL CREMATION, 226 DATE THEREOF	egrock	Maryl		
	BUMAYA1(Specify) April 23-59	Fort Lincoln		edensburg, M	aryland.
23	FUNDAND Brown	ADDRESS Javel	DATE APR		RAR'S SIGNATURE



OR STATE	-		66				*		Reg. Dist. N	r until m. Incommuna.	-
H ()	1.	o. COUNTY Prin	ce George	8	MARYLAND	o. STATE D. G		b COUNT		petare admission)	
	b) CITY OR TOWN (if guiside corporate hinds, write SURAL and give nearest Bladensburg transient			c. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) Washington, D.C.							
X		4704 Edmons	ton Road	not in haspit	ol, give street address)	a street address 2505 Rho	de Islan	ad #5/0]	v.w.	ON A FAR	
	1	NAME OF DECEASED (Type or print)	Planter	Marie Anna Armania	Middle Bush	Last	4. DATE OF DEATH	April	27	•	59
9048 GI	5.	Male 6. C	white	7 MARRIED WIDOWED [NEVER MARRIED 8	3-4-08	9.	AGE (In years lost burthday) 51 yrs	Months Days	R IF UNDER 24 Hours Min	HPS
	1 :	USUAL OCCUPATION (G Suring most of working life, Lron worker	ive kind of work de even if retired}		nstruction	Alabama	e ar fareign cavi	ntry)		OF WHAT COUN	NTRY?
(I)	13	John Bu		14. MOTHERS MAIDEN NAME Saffly Peal							
À Aug		WAS DECEASED EVER IN			CIAL SECURITY NO. 13.10	AXMALKET;	1507 R.	I.AVeni	e, Wash	ingtom,	D.
idsi permi		18. CAUSE OF DEATH (E PART I DEATH W/ IMME		e per line far	(a), (b), ond (c).] Hemorrhage	and shock			ON IN	SET AND DEATH	
a, or remon		Canditions, if any, we gave rise to immediate (a), stating the under cause fast.	rhich) (b)		Hemorrhage	from duodens	al_ulcer	_		e company constant	
crematio	PECATION				TR BUTING TO DEATH BUT N				EN IN PART T(o)	19. WAS AUTOF PERFORMED YES NO	17
burial,	AL CERTIF	20g EXTERNAL CAUSE WE PRIMARY GO OF DEATH. 20c. TIME OF INJURY	JTING Manth, Day, Year			CE OF INJURY (Home, far			1C		4.5
or to	MEDICAL	Heure, m.	19	While at work	Not while fock	ory, street, affice bldg , et	c.)		(County)	(Sta	170)
ent, pr					mains described abouses 🔉 Accident [_	Inquiry [rmined moni	-	my
red ag		ACTUAL SIGNATURE	mo?	Ma	loner	M.D. CHIEF MEDICAL E	XAMINER			DATE SIGNED	D
designo		EXAMINER'S	hn T. Ma	lonev.	MaDa	ASSISTANT MEDICAL		□ Ap	ril 27,	1959	
£ 5	22		b DATE THEREOF	59 1	VASHINGTO		1 30 LOCATIO	IN (City, hown,	D. MA	RYLAM	D.
ie Ie	23	TUNERAL DIRECTOR'S SIG	MBor	1-80.	Inc. Wash	netton 240. REC	D BY REGISTRA		STRAR'S SIGNAT		

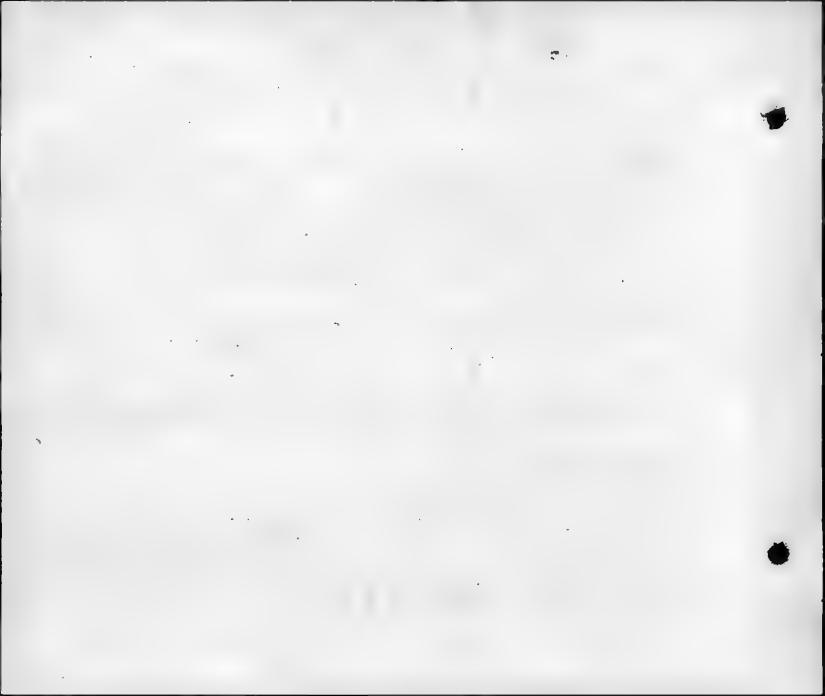
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CERTIFICATE OF DEATH Rea. Dist. No. director, ited with Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) filed a COUNTY g. STATE b. COUNTY MARYLAND death. C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR, TOWN (If outside carporole limits, write RURAL and give perfect town) **FURAL** and give nearest lower ofter d NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 🗀 NAME OF DATE Middle Lost/ Month Year DECEASED (Type or print) DEATH 19.5 S. SEX 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Months Doys ē WIDOWED | DIVORCED STS. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY 0 pg during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address tending CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO permit. guy Conditions, if ony, which gove rise to immediate **DUE TO** cause (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 🖪 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Hour o. m. While Nat while of work 🔲 of wark p. m. 21. I certify that I attended the deceased fram 19 7 that I last saw the deceased alive an and that death occurred at.... M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE be. shauld FUNERAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE/THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county)agod (Stole) REMOVAL (Specify) 0 23. FONERAL DIRECTOR'S SIGNATURE A DORES! 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur & Kenus DATEMAY

15M 10/57

(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARMS

YES INO IZ

Year

10

PERFORMED? YES NO [

(Stotal

(State)

Hours

59

deoth requires that the death certificate 15M 10/57



POR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certifier, writing the word "pending" in pendi in flem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farther than 19. Give Page 5 may be retained for in files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, at its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS, A15ME 5M 2/57

	MEI	DICAL E	XAMINER'S	CERTIFICA	TE OF DEATH	() 4647 Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Prince Ge	orges	MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institut Land b. COUNTY	
and give nearest tow	l cultide carporate limits, write I n) neverly	rukal c. U	D.O.A.		if outside corporate limits, write densburg	RURAL and give neorest lown)
	Georges Gen			4 STREET ADDRESS	McBeth Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Susan	May	Middle Collir	Lost	4. DATE Month OF APPIL	7. Doy Year 19 59
5. SEX Remale	White	WIDOWED	NEVER MARRIED B	March 6,	1880 79 yrs.	IFUNDER 1YEAR IF UNDER 24 HRS Months Doys Hours M.n.
100. USUAL OCCUPATI during most of worki Retired	ON (Give kind of work doing life, even if retired)	Dres	of Business or Indust	Georgi	or foreign country)	U.S.A.
13. FATHER'S NAME	eph Kirbo			14. MOTHER'S MAIDEN Un	NAME known	
15. WAS DECEASED EN (Yes, no. or unknown)	/ER IN U. S. ARMED FORCE		3	ernant larles B. Co	llins; same add	ress as #2.
Conditions, if agave rise to imme (a), stoling the course lost.	iny, which (b) diole couse underlying DUE TO (c)	ITIONS CONTRIB	Cardiovasc	heart failu	isease	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
20a. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	use was a right of the contributing of the contributing of the contributing of the contribution of the con		V INJURY OCCURRED (E	nler noture of injury in Pa	ert For Port II of Hern 18)	YES R NO
ZOC TIME OF INJU	IRY Month, Day, Year	20d INJUR While of work	Not while facto	E OF INJURY (Home, formy, street, office bldg., eld	m, (20f. (City or town)	(County) (State)
	resulted from No			Suicide ,	sy X, Inspection X, Homicide , Undeter EXAMINER CAL EXAMINER	Inquiry and in my mined manner
EXAMINER'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify ansportation	John T. Mal		Alanta	DEPUTY MEDICAL		11 7, 1959 (Stote)
73. FUNERAL DIRECTOR F. Gasch			ville, Md.		D BY REGISTRAN 24b. REGIS	TRAN'S SIGNATURE



e S RESTDENCE

YES NOT

Year

PERFORMED? NO W

(Stole)

and in my

DATE SIGNED

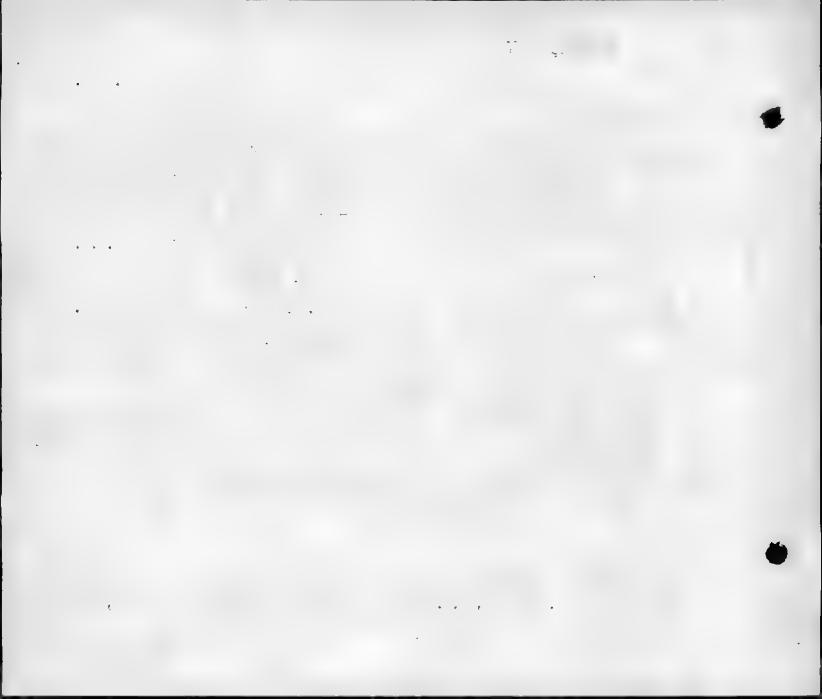
arthur & Heard

DATEAPR 2 9 '59

Hours

19 59

ON A FARM?

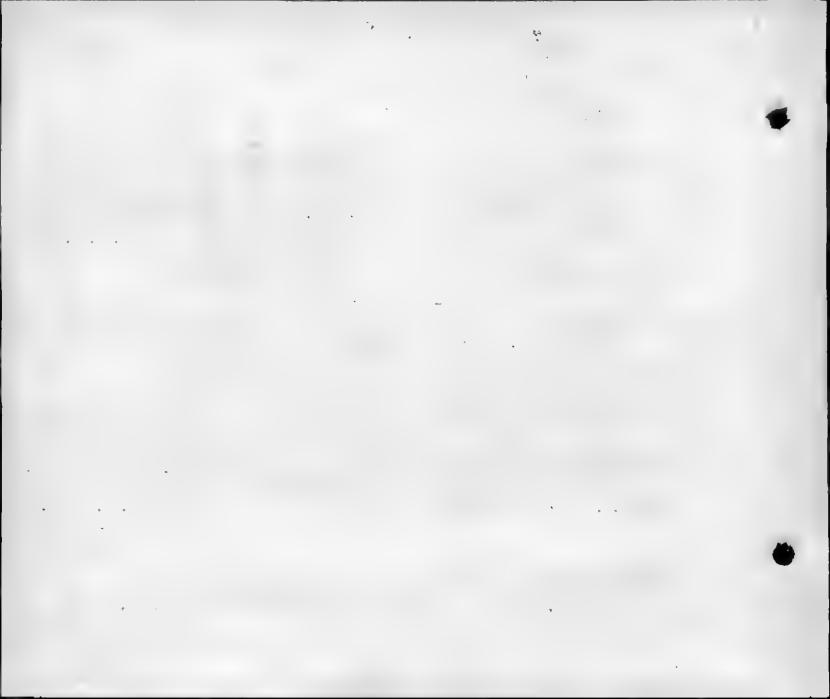


VS ATSME 5M 2757

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4718 MEDICA	L EXAMINER'S	CERTIFICATE	OF DEATH	Reg. () 4.6.4.()
				Yarra Tarana III
		A DICTIAL DECIDENCE OF THE	and the second state of the force to	After Buildings baken admin

		PLACE OF DEATH	ce George	l q	MARYLAND	11	Mary]			institution Reside		*
	lb	o. CITY OR TOWN (If acond give necres)	ilide corporate limits, write		c. LENGTH OF STAY IN 16	E CITY O				write RURAL and		
		Mitchelly			Transient			<u> </u>				
5		unction of			itol give street address)	ROU	te #	450				IS RESIDENCE ON A FAPM? YES NO
	3, 1	NAME OF DECEASED	Eirs	,	Middle	La	ıt -	4 DATE	T-1711	Month	Doy	Yeor
	((Type or print)	Richard		Boyd	Dale		DEATH	Apri	1	18	19 59
	5. S	SEX		7. MARRIEL	NEVER MARRIED	DATE OF BIRT	Н	9	AGE (In y	a , management of	trans a special	UNDER 24 HP5
		Male	White	WIDOWED	DIVORCED [Dec 5	, 193	38	20	yrs Months	Days H	lours Min.
	10a d	USUAL OCCUPATION luring most of working Laborer	(Give kind of work of life, even if retired)		IND OF BUSINESS OF INDUS	RY 11 BIRTHPI		corforeign con Carolin			S.	A.
	13.	FATHER'S NAME Theod	lore Dale			14. MOTHER'S		Viola :	Mann			•
	15. Yes.	WAS DECEASED EVER	IN U.S. ARMED FOR			nformant Personal	L Pape	ers On		fdress		
V		PART I. DEATH PART I. DEATH IN Conditions, if ony gove rise to immedic (e), staling the un cause test.	WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO (, which) (b)	Hemo	or (o), (o), ond (c).] orrhage and sh hed skull	ock	-				ONSET A	L BELWEIN
q	CERTIFICATION	PART II, OTHE	R SIGNIFICANT CON	OITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITIO	N GIVEN IN PAR		WAS AUTOPSY PERFORMED?
		200. EXTERNAL CAUS PRIMARY TO OF CONT CAUSE OF DEATH.	E WAS RIBUTING (1)		HOW INJURY OCCURRED (ollision	wit	auto h another,
à	MEDICAL	20c. TIME OF INJURY	Month, Doy, Yeo	While	1401 Attitud	CE OF INJURY ory, street, office	bldg, etc			ville P.	only)	(Stote) Md.
			**************************************		emoins described obc		-					and in nov
					ouses [], Accident		_		_	determined r		_
3		ACTUAL SIGNATURE	mal	3/	Boyce	M U,		XAMINER []			Đ	ATE SIGNED
de		EXAMINER'S						AL EXAMINER	_			
	_		James I. B		V		MEDICAL	EXAMINER		pril 18,	195	9
		BUTTA Precify)	April 2	1/59	Ft. Linco			Colma	on (City, 1	nor,		Md.
7		FUNERAL DIRECTOR'S		, –	alt imor e Ave. ille, Marylan	d		D BY REGISTR		REGISTRAR S SIG		
	_	T. Gasch	2 DOM2 11)	CLUB V.	inc, war ylan	<u> </u>	DATE	PR 21 '5	9	Orthon S.	/Qualita	



HEALTH—BALTIMORE. 18 CERTIFICATE OF DEATH 4714 Reg. Dist. No. 1, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) D. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits) write c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) 1-0 K uRal RuRA OOTE d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS . IS RESIDENCE FORT 78 3 Foote YES NO 3. NAME OF 4. DATE Year DECEASED OF DEATH Zabeth (Type or print) 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 17. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Days WIDOWED 🛪 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Je orgetown ousewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ra MARY ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 0 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which ; gave rise to immediate DUE TO cause (a), stating the under-Huk ART-Scleretic Gangnene lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES INO TO Non-Union 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY IHome, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while at work at wark 6-6.4 1952, that I lost saw the deceased 21. I certify that, I attended the deceased from, and that death occurred at 4.45p M, from the causes and on the date stated above. ADDRESS (Street, city or DATE SIGNED ACTUAL D PHYSICIAN'S NAME (Type) HOSPIT 220. BURIAL CREMATION. OF CEMETERY OR CREMATORY 22c. NAME 22d, LOCATION (City, Jawn, REMOVAL (Specify) 0 23,-FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR Orthug & Kroug VS A1S (4)



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certifier, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral difference 4 should be for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for my files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, at its designated agent, prior to burial, cremotian, or removal, and irrany event within 72 hours after death. H VS. ATSME

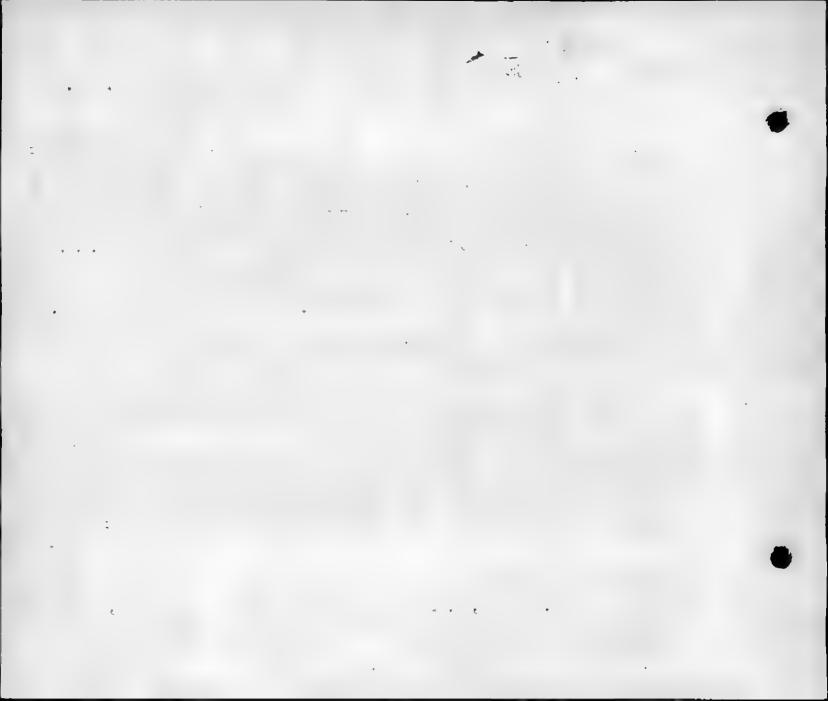
5M 2/57

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MA	RYLAND	STATE	DEPARTME	NT OF	HEALTH-	BAI	TIMORE,	18
EEL	MEDIC	AL EX	AMINER'S	CERT	IFICATE	OF	DEATH	

04651 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Prince Ge	orges	MARYLAND	O. STATE	Marvla	deceased lived if instit	ΙΥ	
b. CITY OR TOWN IS	f outside corporate limits, write		c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If outsid	e corporate limits, write		Geo.
	AL OR INSTITUTION (I	I not in hosni	o years	d, STREET A	Chever.	TÀ		e, IS RESIDEN 'E
4 -	McBeth Stre	•	or, Erro mar adorem	, , , , ,	4.4	cBeth Stree	+	ON A FARM?
3. NAME OF	Fin		Middle	Lost	4. DA	And the second s		
(Type or print)	Ethel	-	icy Dawson		1 01		1	19 59
5. SEX Female	6. COLOR OR RACE white	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 6-3-18		9. AGE (In years lost birthday) 62 yrs.	Months Doys	R IF UNDER 24 HPS
Retired	ON (Give kind of work on the life, even it refired) housekeeper		ND OF BUSINESS OR INDUS	Penn	sylvani			J.S.A.
13, FATHER'S NAME				14. MOTHER'S				
	am Press				Gertrud			A American
(Yes go, or unknown)	ER IN U. S. ARMED FOI (It yee, give war or dates of			MORMANT	Dwarm	Address		- # 0
	TH [Enler only one cou			veinte cit "	. Drown.	ing; same a		IS # 2.
420.1	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		Coronary t	hrombosis			ON	NSET AND DEATH
Conditions, if a gave rise to immedial to the course last.	diote cause underlying DUE 10 (c)							
ğ		DITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL D	ISEASE CONDITION GI	YEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	NTRIBUTING []	b DESCRIBE I	HOW INJURY OCCURRED	(Enter noture of m	ury in Port I or P	ort It of item 18)		
20c. TIME OF INJUING Hour o.m.	RY Month, Doy, Yeo	While	JURY OCCURRED 26e PL Not white for of work	ACE OF INJURY (H clory, street, office	tome, farm. 20f. bldg , etc.)	. (Cily or town)	(County)	(Store)
	resulted from	Notural co	moins described aboutses . Accident	Suicide	EDICAL EXAMINI	cide [], Undete		,
EXAMINER'S	Tales and	in the	(1		NT MEDICAL EXA			
220. BURIAL, CREMAT C REMOVAL (Spec by ransportat	John T. M	a ∏2	M.V. NAME OF CEMETERY O Shinglehous	R CREMATORY	MEDICAL EXAMII	LOCATION (City, town,		1959_ (State)
23. FUNERAL DIRECTOR		9	ADDRESS		24o, REC'D BY R	Pennsylv	Vanla	HE
	sch's Sons	Hy	attsville Md	1	DATE APR	1720	Tattum 9 4	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institution, Residence before admission) a. COUNTY Page **b.** COUNT files. Health, MARYLAND b. CITY OR TOWN (II outside corporate limits C. INGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) H e IS RES DEN' F d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS funeral dir stained fo ON A PARM YES NO 3. NAME OF 4. DATE First Lost Month Year DECEASED OF DEATH 125 (Type or print) IF UNDER TYEAR 5 SEX 6. COLOR OR FACE 7. MARRIED HI MEVER MARRIED 8 DATE 9. AGE the years. IF LINDER 24 F.ES Months Hours Min. WIDOWED [100. USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during-most of working life, even if retired) 13 FATHERS NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OVO DUE TO Conditions, if any, which gove rise to immediate cause buri **DUE TO** (a), stating the underlying cause last. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II II 179, WAS AUTOPSY PERFORMED? YES 🗔 NO P 20g. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (State) factory, street, office bldg., etc.) While Not while o. m. of work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection W. opinion death resulted from: Notural causes Accident Suicide | | Homicide . Undetermined monner DATE SIGNED ACTUAL For CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 4 should E FUNERAL EXAMINER'S DEPUTY MEDICAL EXAMINER IX NAME (Type 220. BURIAL, GREMATION 226 DATE DEREOF 22c. NAME OF CEMETERY 22d LOGATION/City, lawn, O ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME 5M 2/57



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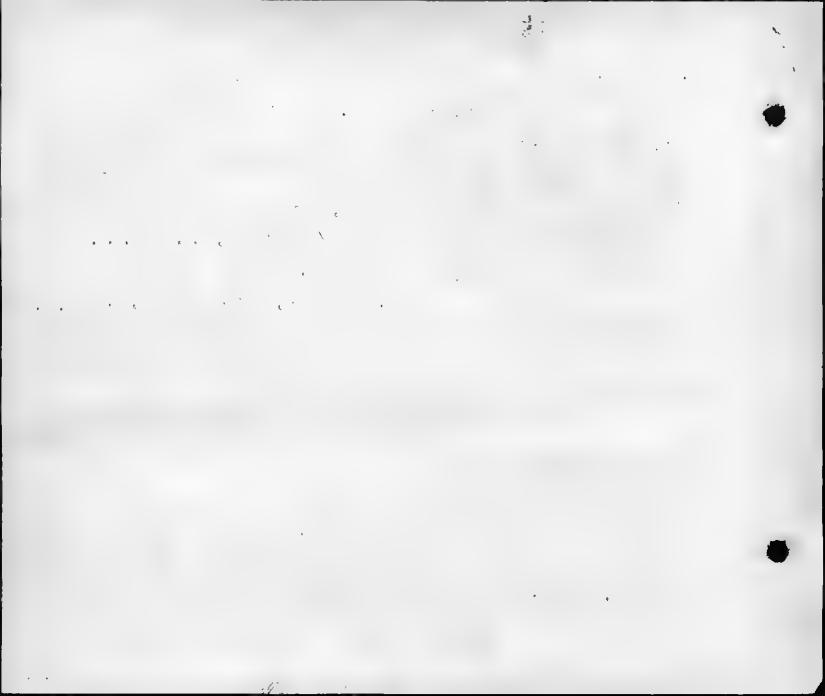
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4665 CERTIFIC

CERTIFICATE OF DEATH

Reg. Dist. No. 653

1	1, F	PLACE OF DEATH PLACE OF DEATH PLACE GOO	rge		MARYLAN	NO	2 USUAL RESIDENCE (W. STATE Maryland		ince Gold		before adm	1 5510N)
	1	b. CITY OR TOWN (If RURAL and give nec		its, write	6 flavs	lb	c. CITY OR TOWN (IF		arate limits, write R		e nearest to	wn)
* *	(Chever ly d. NAME OF HOSPITA OR INSTITUTION Prince Geo					d. STREET ADDRESS 3401 Boom			-	ON	RESIDENCE A A EAPAIS NO P
	3.	NAME OF DECEASED (Type or print)	fu Mary		Middle ANN		Lost Donalds on	4. DATE OF DEATH	Mor Ap.		Doy 18	Yeor 1959
		sexfomale.	6. COLOR OR RACE		IED NEVER MARRIED	_	Jan. 27-18	94:	9. AGE (In years lost birthday) 65 yrs	IF UNDER 1 Y	EAR IF UN	NDER 24 HRS
	_	USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b	KIND OF BUSINESS OR IN		TRY 11. BIRTHPLACE (SION	e or foreign			N OF WH	IAT COUNTRY?
		FATHER'S NAME Lewis Done					14 MOTHER'S MAIDEN Clara B. D	NAME				
	15.	WAS DECEASED EVER					FORMANT tricia Sears	, 3401	Boones l		E.W.	shingto
5	CATION	PART I DEAT 443 X Conditions, if on gove rise to im couse (o), stoling to lying couse lost.	H WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO which mediate le under- (c)	, To	ne for (o). (b). and (c) find the control of the co	CI	erosis, e-arter NOT RELATED TO THE TERA	Cere Cere LOSA Alnal Disea	d Cercle and a condition on	erfer HEA	CI CI	BETWEEN ND DEATH DAY YEAR I YEAR IS AUTOPSY FORMED A NO X
	CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A 20c. TIME OF INJURY	MEDICAL EXAMINER)		RIBE HOW INJURY OCCU		. (Enter noture of injury in CE OF INJURY (Home, for					
	MEDICAL	Haur o.m. p.m.	19	While of work	Nat while of work	foci	fory, street, office bldg., et	(c.)	:0	(Cou		(Stote)
1		21. I certify the alive on	mul j	X. 125	g., and that de	oth	occurred at 2:40 AD. 4300 MT		m the causes of street, city or town, AV WOO	and on the		ne deceased above. DATE SIGNED
	2	BURIAL, CREMATION BEMOVAL (Spec by)	4-9/-1	1959	224 NAME OF CEMETER	y OR	CREMATORY	22d LOCA	itlano	or country	rul	lote!
4.	23.	FUNERAL DIRECTOR'S	SIGNATURE	0 -	DIT // 1	1	L.D. COMPR	2 1 '59		STRAR'S SIGN.	- 700	



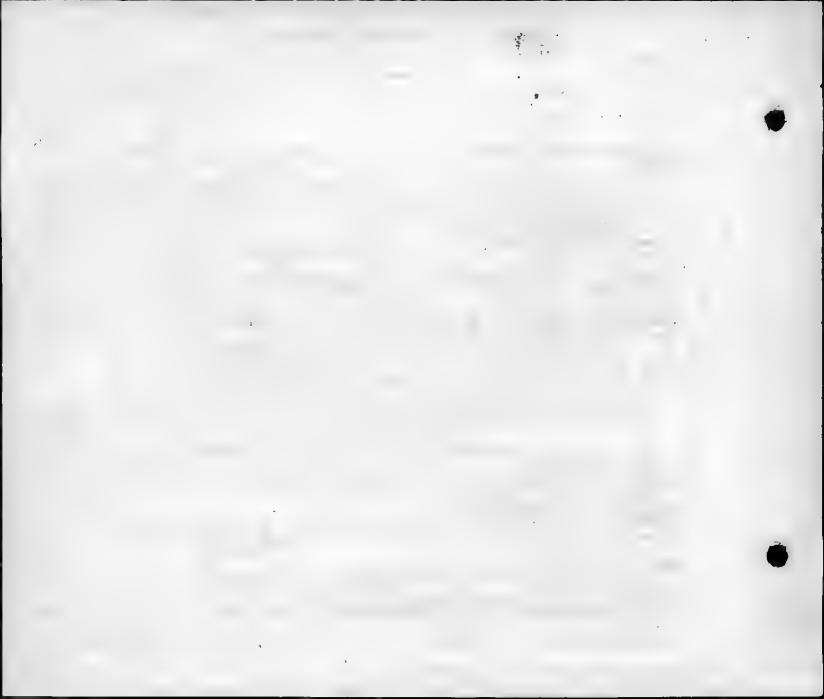
17)

	4666	CERTIFICA	ATE OF DEATH		Reg. Dis	4654
	1. PLACE OF DEATH o. COUNTY Prince Gaornes	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b.	H institution Residence COUNTY Prince	before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If or	utside corporate limi	ils, write RURAL and go	
7	d. NAME OF HOSPITAL (II not in hospital, give street of OR INSTITUTION Georges General		d. STREET ADDRESS	ood		e. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF First DECEASED (Type or print) George	Milton	Dotson	4. DATE OF DEATH	Month April	Day Year 2 19 59
	5 SEX 6. COLOR OR RACE 7 MARRI Black WIDOWEI		8. date of Birth 10 May 1881	last	Contract of the contract of th	YEAR IF UNDER 24 HRS Doys Hours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	Earminess or indus	Mary	JANL	12 CITI	US A
	George M. Dotson	/	Jane G	ray		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 5	SOCIAL SECURITY NO. 17. II	argaret E	Dolson	Address . Westu	00d, Md
	18. CAUSE OF DEATH [Enter only one couse per time PART t. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost. (c)	ONGEST	LEROTIC	FAIL HTUI		INTERVAL BETWEEN ONSET AND DEATH I CHARLES
0	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT				1(o) 19. WAS AUTOPSY PERFORMED? YES NO EX
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m, While	ISURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or low		ounty) (Stole)
*****	21. I certify that I attended the decease alive an		195 7, to by accurred at 6,304	M, from the contract of the co	causes and an th	e date stated abave. DATE SIGNED
	PHYSICIAN'S NAME (Type) 200 BURIAL, CREMATION, 226 DATE THEREOF SEMOVAL (Spriory) 1 5 5 9	St The	man	Ugu	ity. town, or county)	(Stote) Kuch
	FRENCH Fluires Ho	me Wald	Degy Mar DATE API	R 7 '59	246 REGISTRAR'S SIG	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4638 **CERTIFICATE OF DEATH** Reg. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) H D. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If offside corporate limits, write RURAL and give nearest town) RURAL and give nearest town 1950 d. NAME OF HOS ITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 7 NAME OF First Middle 4. DATE Day Year DECEASED OF DEATH (Type or print) 19 2 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours DIVORCED | WIDOWED 100. USUAL OCCUPATION fore kind of work done 10b. KIND OF BUSINESS OR INDUSTRY
during most of weighing his even if petited) 11. BIRTHPLACE (Stole or 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line let (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH ጌ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 1546.7 **DUE TO** ģ rmit. ony Conditions, if any, which igned permi gove rise to immediate **DUE TO** cause (a), stoting the underlying couse last. 6 CATION PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY éval, PERFORMED? burial YES 🔲 NO 🔽 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) Hour a. n. While Not while 19 at work \square al work D. m. 21. I certify that I attended the deceased from Ahat I last saw the deceased that death occurred M, from the causes and on the date stated above. ACMAI. SIGNATURE D PHYSICIAN'S NAME (Type) OPP 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SEREMATORY 22d. LOCATION (City, town, or county) pode (State) REMOVAL (Specify) 9 ADDRESS TEC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 arihus & Hans

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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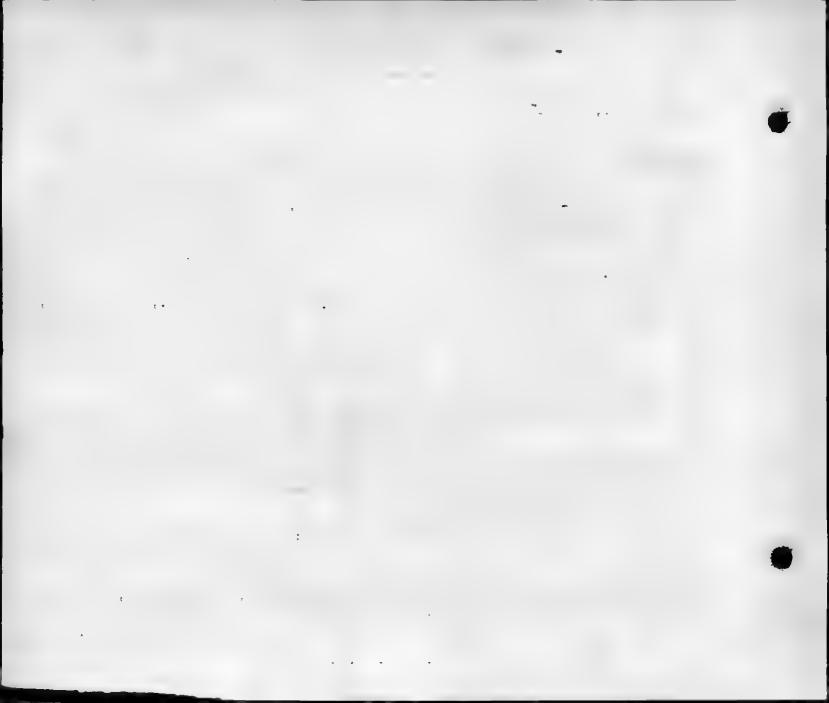
								Rog. Dist	. No.	
1. PLACE OF DEATH O COUNTY	rince Georg	es	MARY	LAND	2. USUAL RESIDENCE	Where deced	sed lived. If institut Imbia. COUNTY	ion: Residence	a before adi	nission)
b. CITY OR TOWN (RURAL and give n	If outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	If outside car	porate limits, write l	RURAL and gi	ve nearest t	own)
Andrews AF	B., Wash 25	DC	4 months	5	Washingtor	1	4	78 3		4
	TAL (If not in haspital, g		oddress)		d STREET ADDRESS				e, IS	RESIDENCE N.A. FARM?
USAF Hospi	tal Andrews				1697 31st	Street	NW		YES	□ NO □(
3. NAME OF DECEASED (Type or print)	Fire E	etty	Middle Ela	aine	tost Dunn	4. DATE OF DEAT	н Аргі	.1	21	Year 19 59
5 SEX	6. COLOR OR RACE	7. MARR	IEO NEVER MARRI	€D 🔲	B. DATE OF BIRTH		9. AGE (In years Jost birthday)	Manths (The second second	NDER 24 HRS
Female	Caucasian	1		-	December 5			Munins	Days Hou	irs Min.
100. USUAL OCCUPATION during most of wor	ON (Give kind of work thing life, even if retired)	ione 10b.	KIND OF BUSINESS O	R INDUS	STRY 11. BIRTHPLACE (SI	ate ar foreign	country)			IAT COUNTRY?
Housewife			Home		India	na			JSA	
13. FATHER'S NAME					14. MOTHER'S MAIDE					
Sheryl	I. Blake				Mabel	L Lee S	Scrutchfie	eld		
15. WAS DECEASED EVI [Yes, no or unknown]	ER IN U. S. ARMED FOR (It yes, give wor or dotes of h	rvice]	social security no 9165386	1	nformant lliam E. Dur	n 169	97 31st St	t. Was	shingt	on 7, D
	immediate)	Cerebra	l ed	ema a multiform				10 d	
ž	HER SIGNIFICANT CON	DITIONS C			NOT RELATED TO THE TE			VEN IN PART	PE	AS AUTOPSY REORMED?
	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	TRIBE HOW INJURY O	CCURRE	D (Enter nature of injury	in Part I ar F	ort II af item 18)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Doy, Yes	While	JURY OCCURRED Not while at work		ACE OF INJURY (Home, f ctory, street, affice bldg.,		ity or lawn)	(Co	unty)	(Stale)
21. I certify the alive anAp	hat I attended the				occurred at 10:1	OQAM, fr	21 , 19_50 am the causes (Street, city or town	and on the		
ACTUAL SIGNATUREE	MANL	1/2	Mellex		MD. USAF H		l Andrews		Apri	1 21 19
PHYSICIAN'S NAME (Type)	SANFORD L.	BILI	ET CAPT US	AF (MC) Andrew	s AFB.	, Washing	ton 25	, DC	*
220 BURIAL CREMATIC REMOVAL (Specify BURIAL	ON, 226. DATE THEREO		Morrisd	_	Cemetery		risdale	or county)	Pa.	itate)
23. FUNERAL DIRECTOR	'S SIGNATURE	V	ADDRESS			EC'D BY REG		STRAR'S SIGI		
Deal Fu	neral Hom	e 4	812 Ga.	Ave	. N.W. DATE	MAY 1	'59	Inthun S.	traca	

therol director TO HOLPITAL OR ATTENDING PHYNCIAN: The iom requires that the death certificate Le emented within 21 hours after death. Tage 11 may be retained it the haspital or attending physician.

TO FUNERAL DIRE A: After this certificate has been signed by the attending physician and campletely fittled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 smaller registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

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VS A15 (4) 15M 9/55



to X	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	~ 14
	4650 CERTIFICATE OF DEATH Reg. Dist. No.	57
Page 4	1. PLACE OF DEATH O. COUNTY PR, GEO, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before STATE D. COUNTY PR	ore admission)
death	b. CITY OR TOWN (If outside corporate limits, write RURAL and give ne RURAL and give peorest fown) W. A. W. E. Gyure 1. W.T. RAINIER M.D.	arest fown)
in by the	d NAME OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION 4020-3754 (4020-3754	ON A FARM? YES NO
within 24 ho rely filled in Pages 1 or	3. NAME OF DECEASED (Type or print) WILL) AW PEAN EARNEST OF DEATH APR, 16	1959
	M WHOWED DIVORCED 71 2J-1903 JG YTS. Manths Doys	Haurs Min.
e executed and cample orn papers: r death.	Jacurance Seleman Rema M.	S.A
	13. FATHER'S NAME Plenn Earnest st Emma may millhis	w
iath certificate inding physicia ease remave or hin 72 haurs al	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT CASEL L. Earnest-Internal	nice Ind
that the de by the attention plant in the pl	PART I DEATH WAS CAUSED BY	TERVAL BETWEEN SET AND GEATH, M. M. C. LIANE
requires II an. sit permit in ony	gave rise to immediate couse (a), stating the under-lying cause last. Columbia Colu	
he law physicic nas been ial-tran novol, a	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
IAN: Il lending ificate I the bur ar ren	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC ol ar at his cert r use as emation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while of work of twork of two work of two wo) (State)
ATTENDING F haspile After I ched fai r ta burial, cr	21. I certify that I attended the deceased from FEB 23, 19 59, ta APR 16, 1959, that I last s alive on APR 13, 1959, and that death accurred at	aw the deceased above. DATE SIGNED
TAL OR retained AL DIRE hauld be trar pria	PHYSICIAN'S IRVIN IM, GRASSGREEN MT. RAHIER W	J,
HOSPI nay be r FUNER age 3 s	220 BURIAL, CREMATION. 22b, DATE THEREOF 4/20/59 Ft. Lincoln 22d LOCATION (City, town, or county) Colmar Manor, Md	(State)

4739 Baltomere Ave.

Hyattsville, Md.

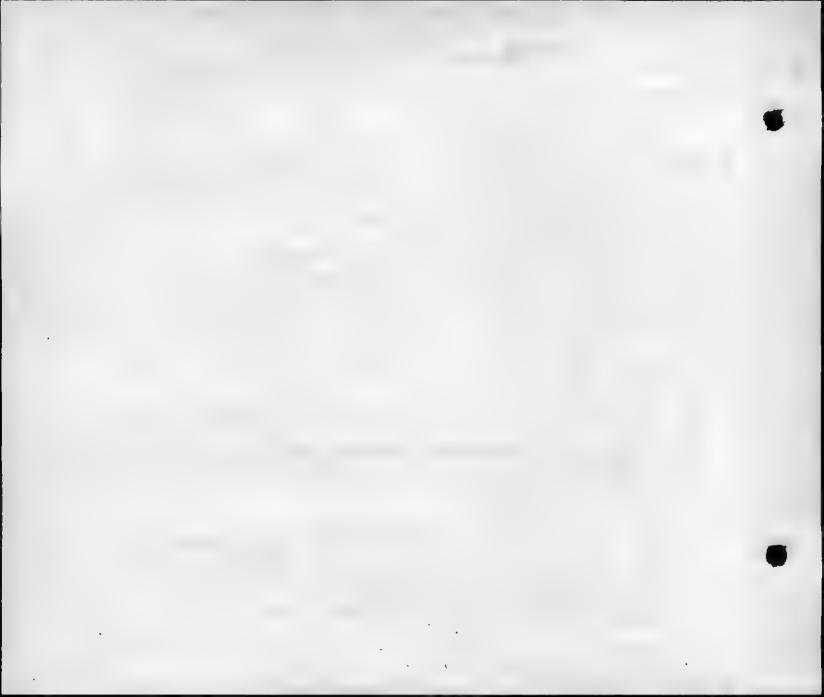
246 REGISTRAR'S SIGNATURE

246 REC'D BY REGISTRAR APR 2 1 159

TO HOUSE VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons



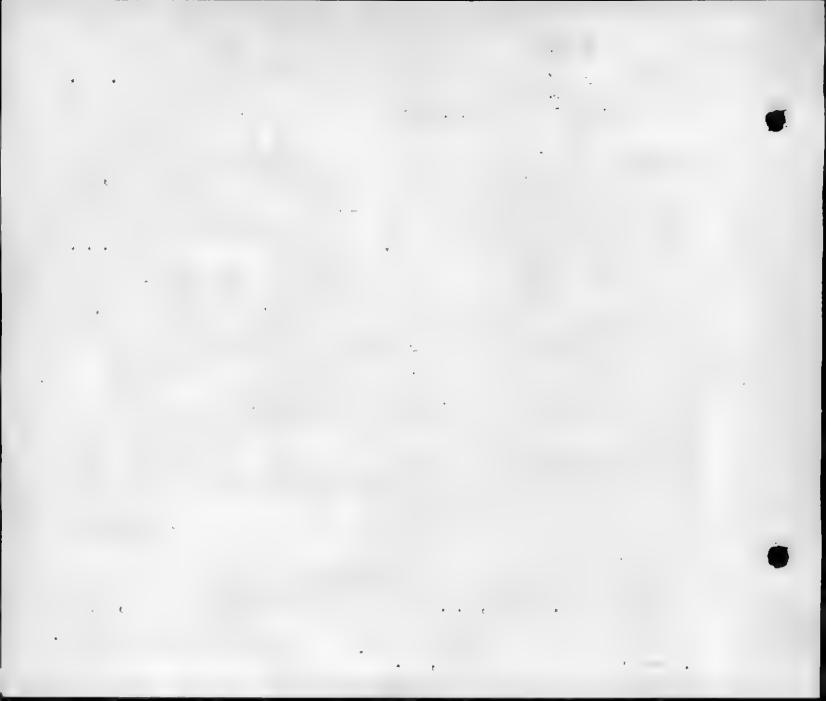
HEALTH DEPT.

inecessory, please of differ. Page of form, r files. EFPLITY MEDICAL EXAMPLES: This multifacts should be executed within 24 hours after death. If any delay is necess execute the certifier, withing the word "pending" in pendit in them 18. Give Pages 1, 2, and 3 to the funeral differentiable be for fined to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in any event within 32 hours after death.

#S. A\5ⅢE 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4647 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1,	PLACE OF DEATH a. COUNTY	D. 1			2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. STATE Maryland b COUNTY Pr. Geo.						
-		Prince Ged		MARYLAND					111 00		
		tsville		TENGTH OF STAY IN 16	c, CITY O		outside corpore	ote limits, write	RURAL and give n	earest lown)	
4	d NAME OF HOSPITAL	OR INSTITUTION (f not in hospit	al, give street address)	STREET					e. IS RESIDENCE ON A FARAIZ	
	5111 Sare	ent_Road_				5411	Sargen	t Road		YES NO	
	NAME OF DECEASED	Firs		Middle	Los		4. DATE OF	Month		Yeor	
-	(Type or print)	Ernest		William	Foerst		DEATH	April	14,	19 59	
5.	SEX		1	NEVER MARRIED	_ #	H	9.	AGE (In years fost birthday)	Months Doys	IF UNDER 24 HRS.	
-	Male	white	WIDOWED [1=6=96			63 yes			
100	during most of working	life, even if relired)	done 10b, KIN	D OF BUSINESS OR INDU	SIKA 11 BIKIHÈI	ACE (State	or foreign coun	Hry)		WHAT COUNTRY?	
_	Retired pla	as account	tarit Te	lephone Co.		land			U.S.	.A.	
13.					14. MOTHER'S	MAIDEN N					
15	Ernest F. WAS DECEASED EVEN		0C552 14 CO	CIAL POCUPIEW AND 187	HIEGORA		Marie	Loeffl	er		
U.	s. no, or unknown) (I yes, give war or dates of :			INFORMANT			Address	// 🙃		
	No L				elen Foe	rster	; same	address			
		Enter only one cau WAS CAUSED BY:	se per line for	(o), (b), ond (c)]					INTER	YAL BETWEEN IT AND DEATH	
	11.11	MMEDIATE CAUSE (a)		Pulmonary co	agestion	and e	edena				
	444X	DUE TO									
	Conditions, if on	ole couse (Congestive he	eart fai	lure					
	(a), stating the or	derlying DUE TO		Cardiovascul	ir renal	disea	256				
2		R SIGNIFICANT CON		TRIBUTING TO DEATH BUT				ONDITION CITY	SALIA BARTIA		
Ę	l and in a ma	3.07111103111 00111	2011	14.004110 10 004111 901	NOT KEENTED TO	/ ITEL TERMIN	IAUT DISEUSE C	ONDITION GIV	` '	PERFORMED"	
E	200. EXTERNAL CAUS	E WAS 20	b DESCRIBE H	IOW INJURY OCCURRED	(finiter noture of in	niery in Port	Les Port II of	ton III)		res A NO	
CERTIFICATION	PRIMARY D or CONT	RIBUTING 🗎			,, ,	itank (11 ami)	1 0 1 0 1 1 0 1	10.3			
3	20c. TIME OF INJURY	Month, Doy, Yea	r 20d INJ	URY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or	town)	(County)	(State)	
MEDICAL	Hour e.m.	19	While	Not while for	lory, street, office	: bldg., etc.)					
~	21. I certify the	it I took charge	of the rer	nains described ab	ove, held an	Autopsy	v v loso	ection 173	Inquiry X	ond in my	
				uses], Accident			_	_	rmined manne		
		1	/	1		- [L.	Ti oudele	maneo monne		
	ACTUAL SIGNATURE	Mm. D.	99100	men -	M.D. CHIEF A	AEDIÇAL EX.	AMINER 🗍			DATE SIGNED	
			114000			NT MEDICA	L EXAMINER				
	EXAMINER'S	ohn T. Mal	onev.	M-D. (/	DEPUTY	MEDICAL E	XAMINER 1	April	14. 199	59	
220	BURIAL CREMATION			NAME OF CEMETERY O	R CREMATORY		22d. LOCATIO	N (City, town, c		(State)	
1	Burial	4/17/59		Parkwood			Baltin			Md.	
23	FUNERAL DIRECTOR'S			aloumore Av	e.	24a. REC'C	BY REGISTRAR	,	TRAR'S SIGNATUR		
F.	Gasch's	Sons H	yattsv	ille, Md.		DAMPR	1 7 '59	anth	ur L through		
-											



r. Poge r files. ry, please Heolth, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the cert.

4 should be four led to the Chief Medical Examiner's Office along with farm PM3. Pager 3 may be retained for a should be four led to the Chief Medical Examiner's Office along with farm PM3. Pager 3 may be retained for TO FUNERAL DIR. OR: Page 3 should be used as a burial-transit permit. File pages Vigid 2 with the Store Board or its designates.

TO FUNERAL DIR. OR: Page 3 should be used as a burial-transit permit. File pages Vigid 2 with the Store Board or its designates.

MARYLAN MEDI
FOR STATE
HEALTH DEPT.

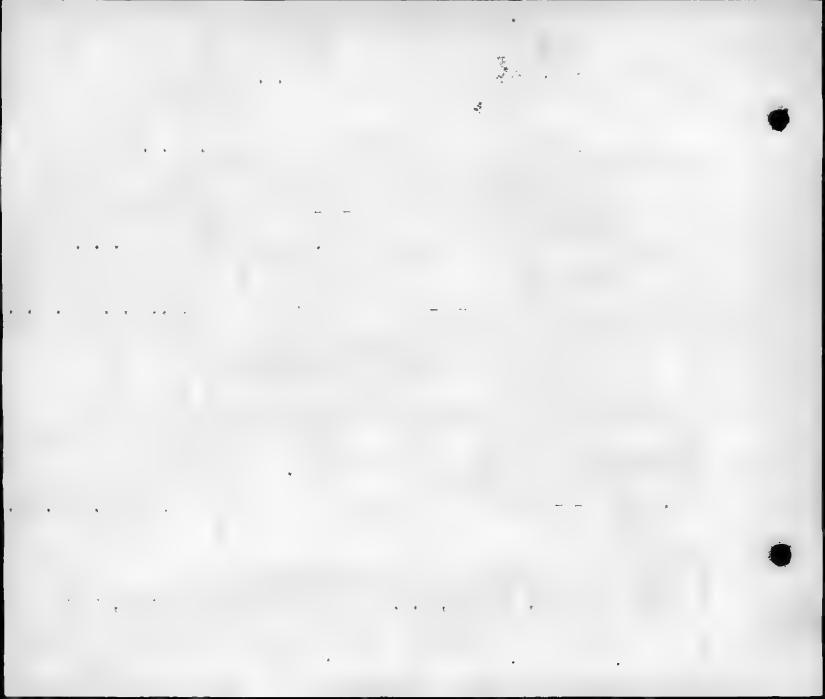
PLACE OF DEATH
O. COUNTY
Prince Geo

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
__MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04659

		_400	7							Req	j. Dist. No.	***
1.	PLACE OF DEATH	Prince	Geor	ges	MARYLAN	2 USUAL RES	D.			institution R COUNTY	esidence befor	e admission)
ŧ	CITY OR TOWN (If a	outside corporate limits.	, write RURAL	c LENGTI	OF STAY IN 1					, write RURAL	and give nec	irest fown)
	Cheve			2	hrs			dngto	on	4	12.	V .
٠	NAME OF HOSPITA					d. STREET				ore do	-	ON A FARM?
		ce Geor		eneral				50th	St.,	N.E.		YES D NO D
	NAME OF DECEASED (Type or print)	W11	Lian	C	Middle	Fox	1	4. DATE OF DEATH	Ap	r11	1	Year 19 59
5. 5	SEX	6. COLOR OR RA	CE 7. MAI	RRIED NEV	ER MARRIED 🔀	B. DATE OF BIRTH	1		9 AGE (in lest birthd)	years IFUN my) Mant	7	F UNDER 24 HRS.
	Male	color			DIVORCED 🔲	1-25-			38 	yrs Muni	Udys I	Tours Min
100	. USUAL OCCUPATIO during most of working None	N (Give kind at w) I te, even if retir	ark dane 101 ed)	b. KIND OF BU	SINESS OR INDE	ISTRY 11. BIRTHPL		or foreign i		12.	U. S.	WHAT COUNTRY?
13.	FATHER'S NAME					14 MOTHER'S	MAIDEN I	NAME				
	We	esley F	ОX			Jane	t. Fi	tzger	rald			
	NO NO	R IN U. S. ARMED		16. SOCIAL SEC 242-10		Van Fo	x; 1	208	50th	St.,	N. E. W	ash. D.C
NO	Conditions, it an gave rise to immed (a), stating the v cause last.	nderlying DUE	(b)(b)(c)	Gu	nshot	wound o	of ab	od omer		ON GIVEN IN	PART 1(o) 19.	WAS AUTOPSY PERFORMED?
CERTIFICATION	20g. EXTERNAL CAU PRIMARY S or CON CAUSE OF DEATH.	SE WAS TRIBUTING []				(Enter nature of in		rt I ar Port II	of item 18)	YE	S NO
	20c. TIME OF INJUR	Y Manth, Day,		and the same	URRED 20e P	LACE OF INJURY I	Home, fare	n, 20f. [City	y or lown)		(County)	(State)
WEDICAL	6.15 XX	4-1-	w W		while	ictory, street, office home	bldg , etc	1	hapel	Oaks	. Pr.	Geo. Mo
~	21. I certify th						Autops				uiry K.	and in my
	opinion death i							Homicide	_	-	d monner	-
	SIGNATURE Show, Thaloney M.D. CHIEF MED											DATE SIGNED
	EXAMINER'S NAME (Type)	John	T. Ma	loney	M.D.			AL EXAMINE EXAMINER		Apr11	2. 1	959
												ALL SELECTION AND ADDRESS OF THE PERSON ADDRESS OF T
220	BURIAL CREMATION	V. 226 DATE THE	EREOF	22c NAME	OF CEMETERY	OR CREMATORY		22d LOCA	TION (City,	fawn, or cour	ity)	(State)
	BURIAL CREMATION REMOVAL (Specify) BUT 18.1 FUNERAL DIRECTOR'S	April	6, 1 98		ilawn Ce				shin			(State)

VS. A15ME 5M 2 57 DC.



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V		46	63	CERTIFI	CA	TE OF DEAT	Н		R	{} { eg. Dist. N	166	()	
1	a. COUNTY	Georges		MARYLAI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Prince Georges								
Ī	b. CITY OR TOWN RURAL and give	(If outside corporate limi	ls. write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF	autside corp	porote limits, v	vrite RURA				
	Chever	•] vr	1	19 days		38 Chever	rly				1		
7	OR INSTITUTION			godress	d. STREET ADDRESS					ON	ESIDENCE A FARM?		
ł	3. NAME OF DECEASED	Georges Ger	oral	Middle		3015_1	4. DATE	venue	Manth		Doy LES	Year	
- [(Type or print)	Cla	9 7°M	(N.M.N	.)	Gagne	OF DEAT	н	1.	1		19 50	
Ì	S. SEX	6. COLOR OR RACE		RIED NEVER MARRIED	0	B. DATE OF BIRTH	<u> </u>	9 AGE (In		UNDER I YEA	RIFUN	DER 24 HRS	
	Female	White	WIDOW			5/17/79		7.9	yrs. M	anths Days	Haur	Min	
	10a USUAL OCCUPAT during most of wo House	rking life, even if retired)	KIND OF BUSINESS OR I	NDUS	Taunton, h	-	country)		12. CITIZEN USA	OF WHA	T COUNTRY	
	13 FATHER'S NAME	Y Detect				14 MOTHER'S MAIDEN							
V	Francis	X. Poirie					emoyn						
4	(Yes, no. or unknown) NORO	ER IN U. S. ARMED FOR (If yes, give wor or defect of a None	ervice)			iformant 3.Delia A. Do	natel	11, 30	Address 15 Le	ake Ave	, C1	neverl	
1	18. CAUSE OF DE	1.6				Į in	TERVAL I	ETWEEN D DEATH					
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) fulmonary embolis										pommed		
1	464X	DUE TO	1 - 1 - 10	e _{where}					, /	/			
1	Canditions, if any, which gove rise to immediate DUE TO									/	Iwa.		
1	cause (a), stating lying cause last	ine under-											
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										ORMED?		
- 1		AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	JRREC	. (Enter nature of injury in	Part I ar Pa	art II of item 1	B.)				
	20c. TIME OF INJU Hour o.m.	RY Manth, Day, Ye	While		e. PL/	CE OF INJURY (Home, formatory, street, affice bldg., etc.)	n, 20f. (Ci	ly or lawn)		(Count))	(State)	
1		hat I attended the		11001		1 1959 to/7/	Deil	10.11	959 11	hat I last :	inw thi	deceases	
	alive an	Peil 10	12.5	59, and that de	eath	accurred at 8PM	M, fra						
		21 0	1	12 00				Street, city or				ATE SIGNE	
	ACTUAL SIGNATURE	Jacken	W	Celler	/	AD.6124-41	s L'OL	=2.H	7:61	1.179	4	1/1/5	
	PHYSICIAN'S NAME (Type)(Solded	11.	Kelley				ن					
	220. BURIAL, CREMATIC REMOVAL Specify Burial			Fort Lincol				ation (city, i		-		rie) V.d.	
	W.W.Chambe	r's SIGNATURE ra Company.	Rie	ADDRESS		24a. REC	PARTY.	4PAS 9 24b					
L	ii eff e Ottechto	a d outhany	TIT V	or dare, mil.		DATE		35	an	hun J. A			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

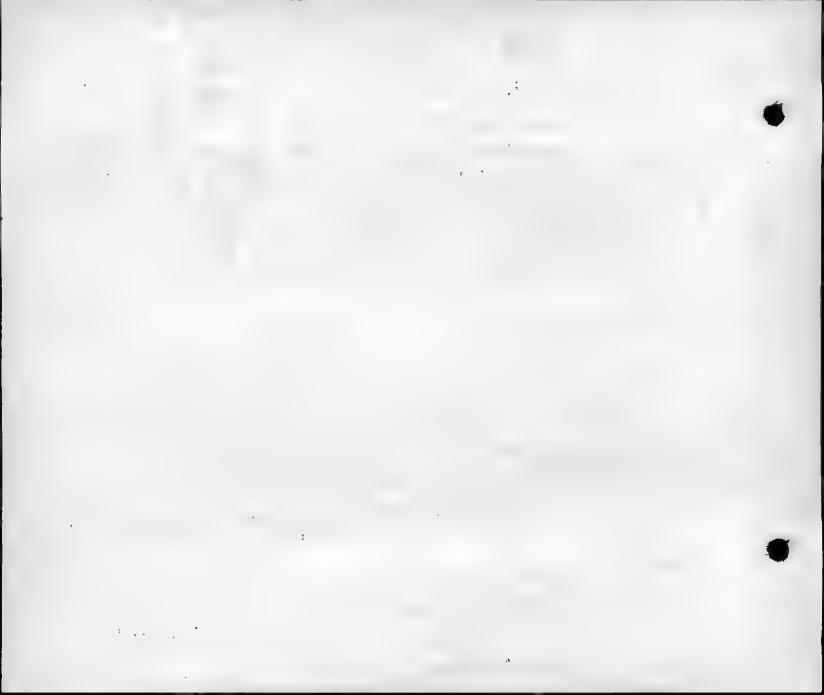


ARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE,	18
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4669 CERTIFICATE OF DEATH

() 4661 Reg. Dist. No.

- 1-									
	1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE b. COUNTY						
1	Prince Georges	MARYLAND	Maryland Prince Georges						
		c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	RURAL and give nearest town) Cheverly	20hours	4 Laurel						
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street or		d STREET ADDRESS		e. IS RESIDENCE				
	OR INSTITUTION			_4	YES NO X				
		ospitel	9th Stre		1 43 17 40 14				
	3. NAME OF First	Middle	Lost	4 DATE Month D	Day Year				
- 1	(Type or print) Mary		GantI	DEATH April 11	19 59				
	5. SEX 6. COLOR OR RACE 7. MARRIE	ED 🖾 NEVER MARRIED 🗍	B. DATE OF BIRTH		R IF UNDER 24 HRS				
	emale Negro WIDOWE		From 12 19	1/2 lost bigthday) Months Days	Hours Min				
ŀ	100. USUAL OCCUPATION (Give kind of work done 10b. K		STRY 11. BIRTHPLACE (State of		OF WHAT COUNTRYS				
	during most of working life, even if retired)	CHAIN OF BOSHAESS ON HADO	STRI TI. BIRTHPOACE (STORE O	D' had!	IZEN OF WHAT COUNTRY?				
L	House Wark		Howa	wol to may Unit	ed States				
1	13. FATHER'S NAME	100 . 21	14 MOZHER'S MAIDEN NA	AME / 7					
	FRIVES! (TI)	1330 IV	Manuel	na Mallhe	us)				
ı	IS WAS DECEASED EVER IN U S ARMED FORCES? 16. 5	OCIAL SECURITY NO 17.	NFORMANT	Address	2				
1	(Yes, payor unknown) (If yes, give wor or dates of service)	G	harles ej	ant The State	allel				
F	IB CAUSE OF DEATH [Enter only one couse per ligs	erfor (o), (b), and (c).]	. 0	IN	TERVAL BETWEEN				
1	PART I. DEATH WAS CAUSED BY:		ISET AND DEATH						
	221 MMEDIATE CAUSE (o)	west.							
- 1	JOIN DUE TO TAY.								
- 1	Conditions, if any, which) (b) (Natrice Clicable)								
- 1	gove rise to immediate Couse (a), stating the under								
М	lying cause lost.								
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN IN PART I(to)	19. WAS AUTOPSY				
, [PERFORMED?				
					YES NO				
1	■ LOR CONTRIBUTING [] CAUSE OF DEATH]	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	orl I or Port II of item 18.)					
	2		ACE OF INJURY (Home, form, clary, street, office bldg., etc.)	20f. (City ar tawn) (County	(State)				
	Hour o.m. 9. m. While at work		arety, entant, arrica arage, etc.,	1					
		A	19 59 to	April 11 19 59hot Llost					
	21. I certify that I attended the decease								
-1	alive on April 11 , 1959	, and that death		ÅM, from the causes and on the d	ate stated above.				
П	1.1	1 . 1	A	DDRESS (Street, city or town, stole)	DATE SIGNED				
	SIGNATURE STOCK ON TO 10	Letter	MD6124-4/57	Close Heralls,	4/11 /57				
41		+							
	PHYSICIAN'S NAME (Type)	1/		~					
F	220 BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O	D CREIA TORY	20d 10C4T/0N1/Ch. 4					
1	ASMOVAL (Specify)	OF CEMETERY C	R CREMATORY	22d. LOCATION (City, town, or county)	(Stote)				
	Tallas opus 10/0)	1 Decor	13 Mapa	CATALLERUSE	CO1 /10				
1	23 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	240 REC'D	BY REGISTRAR 24b. REGISTRAR'S SIGNATI					
	(lafters)-(Ch, Va	dict m	DATE AP	R 1 6 '59 Chilum X 762	aud .				



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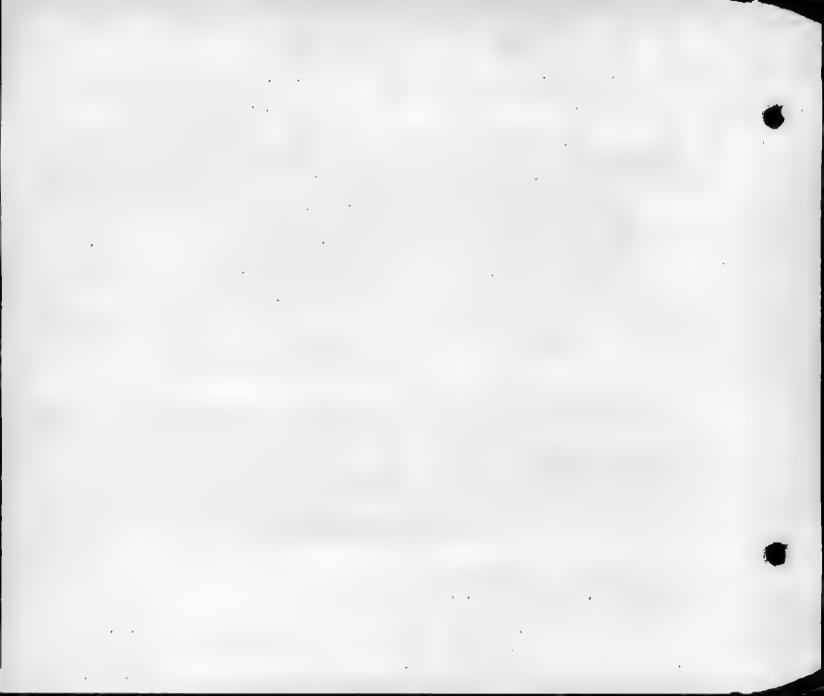
MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	18
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4670 CERTIFICATE OF DEATH

04662

Reg. Dist. No.

	1. PLACE OF DEATH	ince George	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE Maryland Prince Georges										
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly			c. LENGTH OF STAY IN 16	c. CITY OR		sville	rote limits, write Ri	e RURAL and give nearest town)				
\ /	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Prince Georges General			oddress)	d STREET ADDRESS					e IS RESIDENCE ON A FARM? YES NO N			
	3 NAME OF DECEASED (Type or print)	first Baby		Middle Boy	Gardner	st 4. DATE		Mon Apa		0ay 23	Yeor 19 59		
	5 SEX Male	6. COLOR OR RACE	1/	IED NEVER MARRIED	B. DATE OF BIRT			9. AGE (In years lost birthday)	IF UNDER	YEAR IF	UNDER 24 HRS		
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 13. FATHER'S NAME												
	15. WAS DECEASED EVE		dner	SOCIAL SECURITY NO. 17.	JOA:		liggin I Rec	Adde	ress				
	PART I. DEA Conditions, if o gave rise to it couse (o), stoting lying couse lost.	the <u>under-</u> DUE TO (c)	<u> Le</u>	ONTRIBUTING TO DEATH BL	IT NOT RELATED TO				EN IN PART	ONSET	AL BETWEEN AND DEATH		
_	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY			CRIBE HOW INJURY OCCURR							PERFORMED?		
	20c. TIME OF INJUR Hour a m. p. m.	Y Month, Day, Yea 19	While	Not while of work	LACE OF INJURY I	Home, farm, bldg., etc.	, 20f (City	or town)	(C	ounty)	(Stote)		
ı	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	/	12.5 ehoe	M.D.	мо	2,15A	_M, from	reet, city or town,	ind an th	ost saw le date	the deceased stated abave. DATE SIGNED		
	BEMINI (Specify)	4/27/593		Mt. Olivet			22d. LOCAT	ashingto	n D.	c.	(Slote)		
	23. FUNERAL DIRECTOR			Ba ltún sore Av sville, Md.	re.		APR 2 9	und	STRAR'S SIG		u.A.		



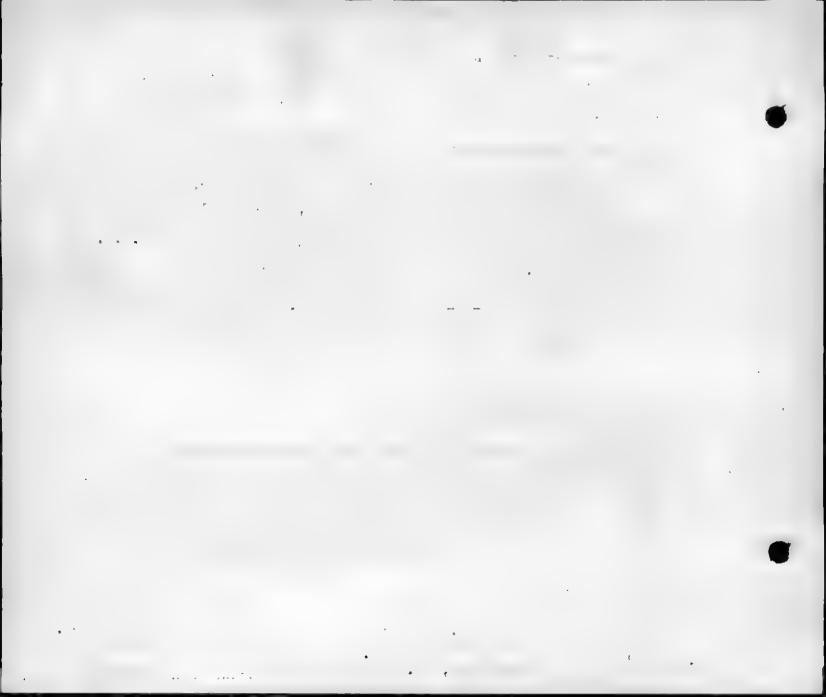
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4671 CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH 5. COUNTY Prince George MARYLA	II o KEATE _	and Pr	ibn Country of	Residence before or	dmission)
b. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town)	X	(If outside corporate	limits, write RUR		
OR INSTITUTION	1733 Ke	okee Court			RESIDENCE ON A FARIA?
Prince George General Hospital					2 140 E
3. NAME OF First Middle DECEASED	Lest	4. DATE Of	Month	Day	Yeor
(Type or print) Robert William	Garwood	DEATH	hpr. 14		19 59
5. SEX 6 CON OR PACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	T 00			UNDER 1 YEAR IF I	JNDER 24 HRS Durs Min
Toa. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	_	*		12 CITIZEN OF W	HAT COUNTRYS
Lithographer Printer	Indi		• , , ,	U.S.A.	MAI COOMIKE
Charles R. Garwood	14. MOTHER'S M	Orpha S	poor		-
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [15 yes, give viol of dates of service] No. 313-10-9897	Grizzelle	R. Garwood	Address (Wife)		#2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stating the underty tying couse lost.	aluez-	define	ti		years
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH				PI	VAS AUTOPSY ERFORMED?
	CUKKED. (Enter noture of it	jury in Part I or Port II (of (1em 16.)		
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20d Hour o. m. While Not while of work of work	Oe. PLACE OF INJURY (Ho factory, street, office b	ne, form, 20f (City or dg , etc.)	town)	(County)	(Stole)
ACTUAL TOTAL	leath accurred at 4				
PHYSICIAN'S F. E. MUS & T.Y.	MP Fa	Love	2 /f=1	el. 1	re ed .
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE BURIAL 4/17/59 Ft. Linco	oln	22d LOCATION Colman	City, town, or c	county)	(Stote) Md.
23. FUNERAL DIRECTOR'S SIGNATURE 4739 Barrelmore	A370 : 24	a. REC'D BY REGISTRAR	24b. REGISTR	AR'S SIGNATURE	
F. Gasch's Sons Hyattsville, Md.	D	ATEAPR 1 5 '59	Cath	284.1	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA Reg. Dist. No.: HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Page files. Health, Prince Georges Prince Georges MARYLAND b CITY OR TOWN (It autoide corporale limits, write 8URA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cheverly D. O.A. Rogers Heights- Hattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS rhe funeral of relained for e State Boor Prince Georges General Hospital 5006 56**th** Avenue 3. NAME OF DECEASED 4. DATE Last Edward Arthur Givens (Type or print) April DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH S. SEX 9 AGE |So pears IF UNDER TYEAR IF UNDER 24 HRS. Male Months white 12-1-92 WIDOWED 1 DIVORCED [6 5 t 1, Z. Page 5 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) pages 3 o Buyer Iren Co. Kentucky ithin 24 haurs after 18. Give Pages 1 with form PM3. mit. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Givens Malinda Durham 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT 54th lif yes, give war or dates of service) Avenue Maryland No Jack A. Givens; 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (6) **buriol-transit** Office of 420.1 DUE TO Conditions, if ony, which Coronary thrombosis gave rise to immediate cause vord "pending" in pa Medical Examiner's old be used as a buri DUE TO (o), stating the underlying Cardiovascular renal disease couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 750 200, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INSURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) he word Thief Me should 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Day, Year 120f (City or town) factory, street, office bldg., etc.) While Not white a m of work of work Pope : p. m. 21. I certify that I took charge of the remains described above, held on Autopsy on, Inspection in Inquiry or RECTOR: opinion death resulted from: Natural causes 👫 Accident 🗋, Suicide 🗍, Hamicide 🗍, Undetermined monner t should be for FUNERAL DIREC **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER 7 NAME (Type) 220 BURIAL, CREMATION, 226 DATE THEREOF 22d LOCATION (City, town, or county)

23 FUNERAL DIRECTOR'S SIGNATURE 4739 Baltity Bye Avenue

F. Gasch's Sons

Lincoln

Hvattsville, Waryland

40 VS. A15ME

240 REC'D BY REGISTRAR

Colmar Manor

246 REGISTRAR'S SIGNATURE

(County)

04664

Days

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES T

NO [

(State)

and in my

DATE SIGNED

(Slate)

Md.

e IS RESIDEN DE

YES 🔲 NO 🔣

19

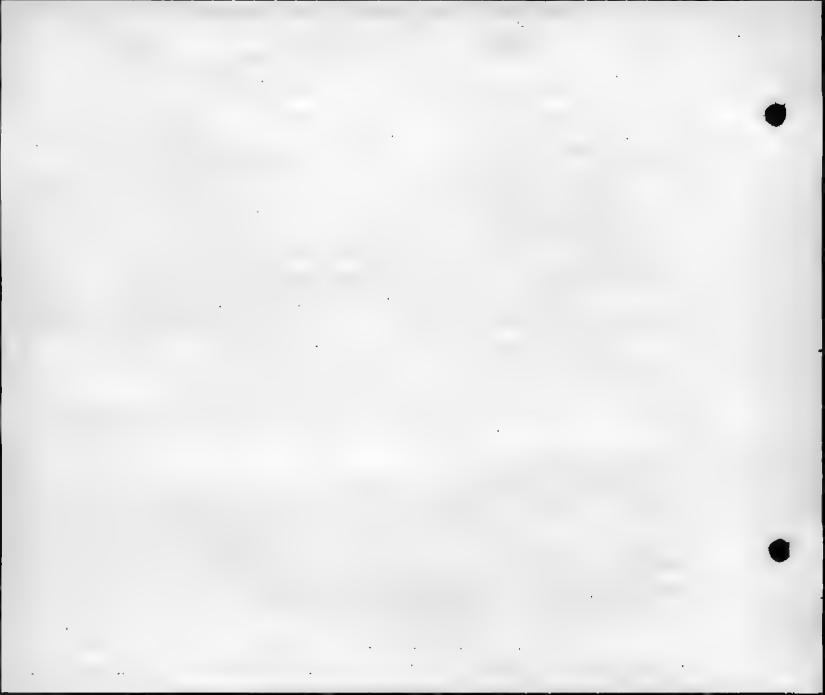
Hours | Min.

ON A FARM?

5M 2/57



1 /	/		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 25	5		CERTIFICATE OF DEATH () 4 6 6 5) Reg. Dist. No.
director		1.	PLACE OF DEATH O. COUNTY Pr Geos Co MARYLAND 2. USUAL RESIDENCE [Where deceased lived of institution: Residence before admission] O. STATE Maryland b COUNTY Pr. Geos Co
eral be f	M	5	b CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) RURAL and grupnearest town) Cat Pleasant 42 Seat Pleasant A.
by the	X		d. NAME OF HOSPITAL (If not-se hospital gree greet oddress) 10 Histitution 62 Cos Hi
filled in	_		NAME OF DECEASED Mildred Adoline Godfrey DEATH April 22 1959
A Part of Table			SEX 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Lost birthdoy) Months Doys Hours Min.
ond com			USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INDUSTRY 11 BIRTHE ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY HOUSE WIFE OWN ROTTE U. S. A.
sicion o		1	FATHER'S NAME 1 MOTHER'S MAIDEN NAME TORROW
h certifi ing phy e remay 72 hou		15. (Ye	WAS DECEASED EVER IN U. S. ARMO FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Md.
he deatl s attend en pleas nt within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) COTORCY TRYONS DOSIS INTERVAL BETWEEN ONSET AND DEATH 12. HOW'S
d by the mit. Th			Conditions, if ony, which gove rise to immediate (b) Generalized Arterioschlerosis 10 yrs
requirition.		7	couse (o), stoting the under (c)
The fow g physic has ber urial-tra	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES [] NO []
CIAN: ittending rifficate is the burn, or re			20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or Inyur).
PHYSI itof or c this cer or use o cremotio		MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Of work
FNDING Phosp After Thed f burial, c			21. I certify that I attended the deceased from MAY 13 , 1949, to April 22 , 1959, that I last saw the deceased alive an April 21 , 1959, and that death occurred at 5:60 MM, from the causes and on the date stated abave.
OR ATT ed IRE I be	,		ACTUAL SIGNATURE W.D. Suit Puchie M.D. 7005 Pritchie Road SE (4/22/3
SPITAL (se retain IERAL D 3 shauld gistrar p		200	PHYSICIAN'S W. Suit Pritchie M.D. Wash 27 D.C.
o HOS moy b O FUN page		ļ	Removal Specify) 4/25/59 Cedar Hill Suitland Md.
VS A15 (4) 15M 10/57	4	l _	FUNERAL DIRECTOR'S SIGNATURE 4739 Battoristore Ave. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 245 DATE APR 2 4 '59 Carling & Hand



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a COUNTY filed **b.** COUNTY MARYLAND 165 b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 JENTY OR TOWN outside corporate finits, write RURAL and give negfest town) å RCIRAL add a ve nearest town) d NAME OF HOSPITAL (If not e. IS RESIDENCE hospital, give street address) **ADDRES** OR INSTITUTION ON A FARM? 2.5 YES NO Y NAME OF DATE Middle Yeor OF DEATH (Type or print) 19 AGE (In years' IF UNDER 1 YEAR IF UNDER 24 HRS. COLOR OR RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED latt birthdoy) Months Days Haurs WIDOWED DIVORCED | 12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b/MIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACEYSIONE or foreign country) during most of working life, even if retired) NCO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANI Address attending INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line]6] (0), (b) and (c) } PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 440.0 DUE TO á permit. Conditions, if ony, which been signed gave rise to immediate DUE TO cause (a), stoting the underpuo lying cause lost. **burial-transit** PARTAIN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO N 20d. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, (Stole) Day, Year 20d INJURY OCCURRED (County) factory, street, affice bldg, etc.) Hour a.m While Not while of work of work o. m that I last saw the deceased 21. I certification I attended the deceased from (and that death occurred at M, fram the causes and an the date stated above ACTUAL SIGNATURE DIR 20 ray be retor PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22d LOCATION (City, town, or county) DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) BEMOVALI (Specify) lun 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 246. BEGISTRAR'S SIGNATURE Cirilmo & Mana VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

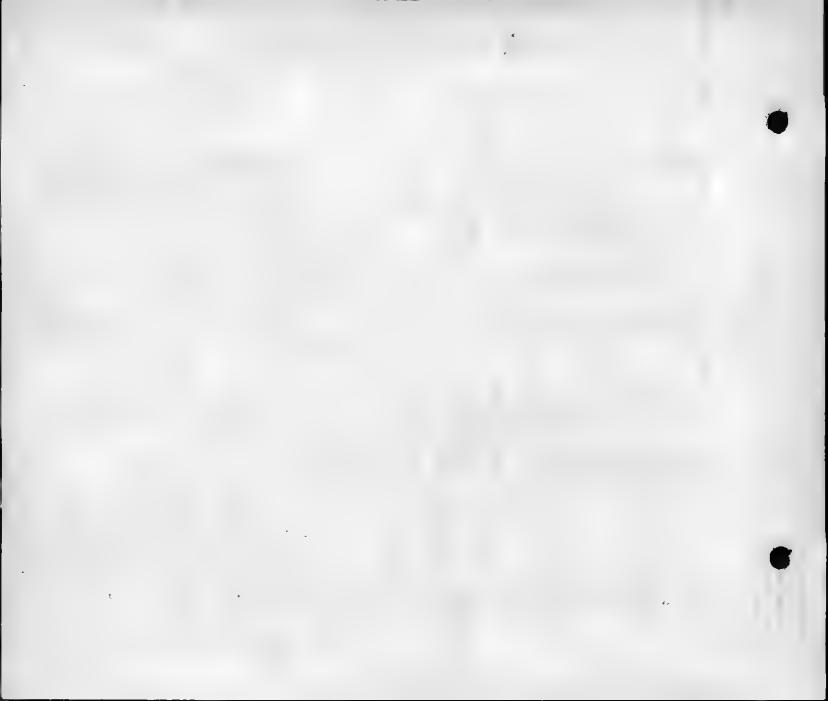
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g =	L		47	19	CERTIFIC	ATE O	F DEATH	1		Re	() 4 eg. Dist. i	1) () (/ No.	
	1.	COUNTY Pr	ince George	es	MARYLAND	2 USUAL STAT	RESIDENCE (Wh	ere deteose	d lived. If inst b. COU		Residence b		sion)
9	T.	RURAL and give ne ashington	f autside carporate limi	its, write	e. LENGTH OF STAY IN 16 10 Hrs 55 Min	11	OR TOWN (If a		ington		-		n)
50		OR INSTITUTION	AL (If not in hospital, of tal Andrews	ive street o			EET ADDRESS					e. IS RE	SIDENIA FARA
	3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF DEATH		Month		Day	Year
	5. 3	Type or print)		Kevin	ED NEVER MARRIED	B DATE OF	layes	DEATH	I		UNDER 1 YE	ARITE UND	19 ER 24
		ale	Negro	WIDOWE			16 195	9	9. AGE (In ye lost birthde	yrs. Me	anths Doy		5
		USUAL OCCUPATION		dane 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIR	RTHPLACE (State	ar fareign (/	12. CITIZEN		
	1	None			None		Maryland				US	A	
	13.		Pogona Ver	0.0			ouise Re						
	15.		Rogers Hayo		SOCIAL SECURITY NO. 17.	INFORMANT	Juise Ite	ea		Address			
			(If yes, give war or dates of			Father	3353 2	3rd S	treet S	F Wa	ashine	ton 2	20.
		PART I. DEA 773.5 Canditions, if or	TH WAS CAUSED BY IMMEDIATE CAUSE (c)	Respirator	y failı	ure					NSET AND	5 5
		gave rise to it cause (a), stating t lying cause last.	mmediate DUE TO		Hillia out 1 cy							- " "	
2	CATION	PART II. OTH			ONTRIBUTING TO DEATH BU	T NOT RELATE	ED TO THE TERMI	NAL DISEAS	E CONDITION	GIVEN	IN PART 1(a	19. WAS PERFO YES	
	CERTIF	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH MEDICAL EXAMINER)	20ы. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nat	ure of injury in l	Part I ar Pa	rt II of item 1B)			
	MEDICAL	20c. TIME OF INJUR Hour a.m. p.m.	Y Month, Day, Ye	ar 20d. IN While at work	Nat while h	LACE OF INJUDICATION	URY (Home, farm alfice bldg., etc.	, 20f. (Cit	y or tawn)		(Coun	ly)	(:
			at I attended the	decease	ed from April 59, and that deat			ORM fro	.6, 19_ m the causi ilreet, city or to	es and		date stat	
1		SIGNATURE	sough	es !	. Tuce	M.D	USAF Ho	spita	1 Andre	ews		e Af	or
	L	PHYSICIAN'S D	OUGLAS/E.	PJERC	E CAPT USAF (MC)	Andrews	AFB.	, Wash	ingt	on 25	DC	on the not the s
				7 7								15.	
	220	REMOVAL (Specify)	10 4/23/	54	22c. NAME OF CEMETERY	THE MAN	tixul	728. LOC	TION (City to	ry	aunty) AR'S SIGMA	(Sto	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ON A FARM?

YES NO T

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO F

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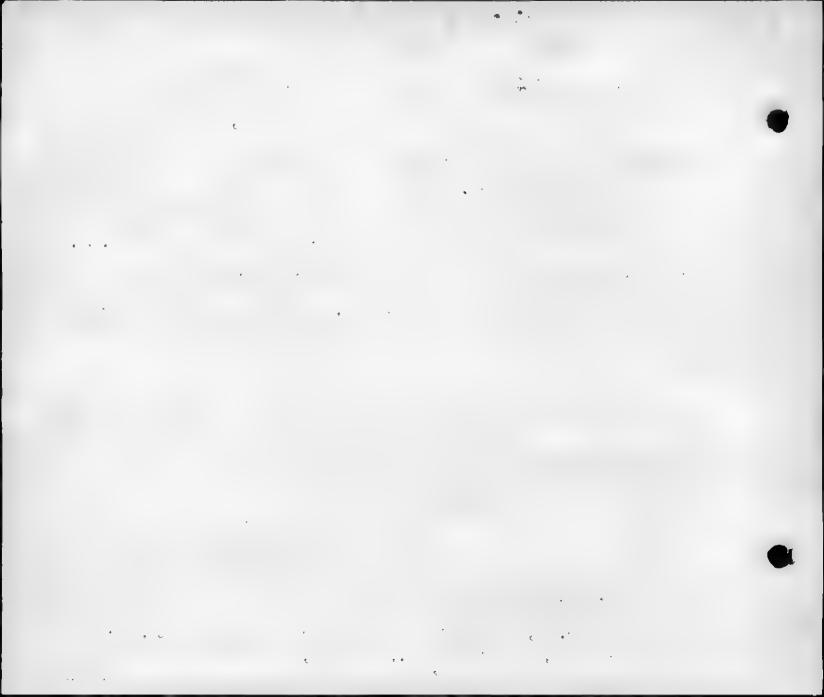
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	7.000	CERTIFICATE OF DEAT	TH
	7.572	SEIGHT GATE OF DEAT	

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RTIFIC/	ATE C	OF DEA	ATH			Par	Diet	No.	-
				 	 	va A:	2131.	110.	
	0 12012				 				_

1 PLACE OF DEATH								
a. COUNTY			II.	O. STATE		institution. Residen	co before adr	nission)
Prince	Gannas C	Anair.	/LAND	Mary		PG		
b. CITY OR TOWN (I RURAL and give no	f outside corporate time earest tawn)	c. LENGTH OF STAY	IN 16	c CITY OR TOWN (If a				>wn)
Chever	AL (If not in hospital, g	O 130	0.15	/- Hyatte	tille. H			
d NAME OF HOSPIT	AT (If not in hospital, g	give street address)	LO MALL	d. STREET ADDRESS				RES DENCE
		_		1 1000	11			NO I
Prince	Corges Ge	neral Hospitla		4708	-00th 1,151	3 e		35
3. NAME OF DECEASED (Type or print)	Mi cha	_		Last	4. DATE OF DEATH	Month	Day	Year
5. SEX			1	decobs		115 LINIDES	TYEAR IF UN	19 50
J. JCA	B. COLOR OR RACE	7. MARRIED T NEVER MARRI	ED 15 0.	DATE OF BIRTH	9. AGE (I		Days Hou	
Male	White	WIDOWED DIVORCE	.D 🔲	7/27/58		L yrs -71,2	0075	Milk.
10a USUAL OCCUPATIO	ON (Give kind of work)	done 10b. KIND OF BUSINESS C	R INDUSTR	Y 11. BIRTHPLACE (State	or fareign country)	112 cm	IZEN OF WH	AT COUNTRY
during most of worl	king life, even if retired)		Marylan			U.S.A	.0
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME			
Jack Leroy	Jacobs			Barbarra	Overstreet	t		
15 WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO	17 INF	ORMANT		Address		
	prives, give were to detect of		Jac	k L. Jacobs	(father)	above s	ddress.	
18. CAUSE OF DEA	TH (Enter only one co	ouse per line for (o), (b), and (c)	1 /	1	,			BETWEEN
PART I. DEA	TH WAS CAUSED BY:	. (17	7/0	o + ales	Ess		ONSET A	ND DEATH
FAIT.	IMMEDIATE CAUSE (o	- A	Cura		مري			
10d/.0	DUE TO	' / b	4	100-		0	-	
Conditions, if a	ny, which) (b	u cosa	·- <	Ta he	4	mlux	→ -	
gove rise to it	mmediate (V)				
couse (o), slating	the under-		U					
lying couse lost.) {c							
PART II OTH	IER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDIT	ON GIVEN IN PAR	1 1(a) 19. WA	AS AUTOPSY REORMED?
\$								NO T
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		20k DESCRIBE HOW INTHIBY O	CCHIPPER I	(Enter polyme of inverse in 6	last t as Part II of Itam	10.1	763	
OR CONTRIBUTING	☐ CAUSE OF DEATH I	206. DESCRIBE HOW INJURY O				18.)	723	1.0
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			(Enter nature of injury in F		1B.)		
	☐ CAUSE OF DEATH I	No acci	dent	or injury	involved			
	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yea	No acci	dent	or injury	involved		County)	(Stole)
	MEDICAL EXAMINER)	No acci	dent	Or injury : E OF INJURY (Home, form ry, street, office bldg., etc.	involved			
20c. TIME OF INJUR Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes	No acci or 20d. INJURY OCCURRED While Not while of work of wark	dent	or injury	involved	(1	County)	(Stole)
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yea	No acci or 20d. INJURY OCCURRED While of work of work of work of work of work	dent 20e. PLACI foctor	or injury E OF INJURY (Home, form y, street, office bldg., etc.	involved 20f (City or town)	1959 ,that I	County)	(State)
20c. TIME OF INJUR Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes	No acci or 20d. INJURY OCCURRED While of work of work of work of work of work	dent 20e. PLACI foctor	or injury E OF INJURY (Home, form ry, street, office bldg., etc. 1907, to 9 ccurred at 7:35E	involved 20f (City or town) A from the co	1955, that I	County)	(Stote) ne decease
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th olive on	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes	No acci or 20d. INJURY OCCURRED While of work of work of work of work of work	dent 20e. PLACI foctor	or injury E OF INJURY (Home, form ry, street, office bldg., etc. 1907, to 9 ccurred at 7:35E	involved 20f (City or town)	1955, that I	County)	(Stote) ne decease
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive on	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes	No acci or 20d. INJURY OCCURRED While of work of work of work of work of work	dent 20e. PLACI foctor	or injury E OF INJURY (Home, form ry, street, office bldg., etc. 1907, to 9 ccurred at 7:35E	involved 20f (City or town) A from the co	1955, that I	County)	(State) ne decease
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive on	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes	No acci or 20d. INJURY OCCURRED While of work of work of work of work of work	dent 20e. PLACI foctor	or injury E OF INJURY (Home, form ry, street, office bldg., etc. 1907, to 9 ccurred at 7:35E	involved 20f (City or town) A from the co	1955, that I	County)	(State) ne decease
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th olive on	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes	No acci ar 20d. INJURY OCCURRED While Not while of work are deceased from that	dent 20e. PLACI foctor	or injury E OF INJURY (Home, form ry, street, office bldg., etc. 1907, to 9 ccurred at 7:35E	involved 20f (City or town) A from the co	1955, that I	County)	(State) ne decease
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Acause of Death Medical Examiner) Y Month, Day, Yee 19 not I ottended the Juliuli r. John Per	No acci or 20d. INJURY OCCURED While Nor while of work	dent 20e. PLACI foctor death a	or injury: E Of INJURY (Home, form ry, street, office bldg., etc. , 193 9, to 9 ccurred at 7:35E	involved 20f (City or town) All 9 Am, from the composes (Street, city of the composes)	1955, that I uses and an t ir town, state)	last saw the date sto	(State) ne decease ated above DATE SIGNE
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATIO REMOVAL (Specify)	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yec 19 tot I attended the Julius To John Per N, 22b. DATE THEREO	No acci or 20d. INJURY OCCURRED While Nor while of wark of wark of that deceased from from that 12 from that rkins 22c NAME OF CEM	dent 20e. PLACI foctor death a	or injury: E OF INJURY (Home, form ry, street, effice bldg., etc. , 1937, to 9 ccurred at 7:35E . 5301 Ha	Involved 20f (City or town) A.M. from the coancess (Street, city of the complete of the comp	1955, that I uses and an tir town, state) Lynlly town, or caunty)	last saw the date sto	(Stote) ne decease ated abave DATE SIGNE Stole)
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATIO REMOVAL (Specify) BUT 12. 23. FUNERAL DIRECTOR:	Aprel 13	No acci or 20d. INJURY OCCURRED While Not while of work of the deceased from the fro	death a	or injury: E OF INJURY (Home, form ry, street, office bldg., etc. , 195 T, to P ccurred at 7:35E D. 5301 Ha CREMATORY prial Park	involved 20f (City or town) Amount of the company	1955, that I uses and an t ir town, state)	last saw the date sto	(Stote) ne decease oted abov DATE SIGNI 4/10



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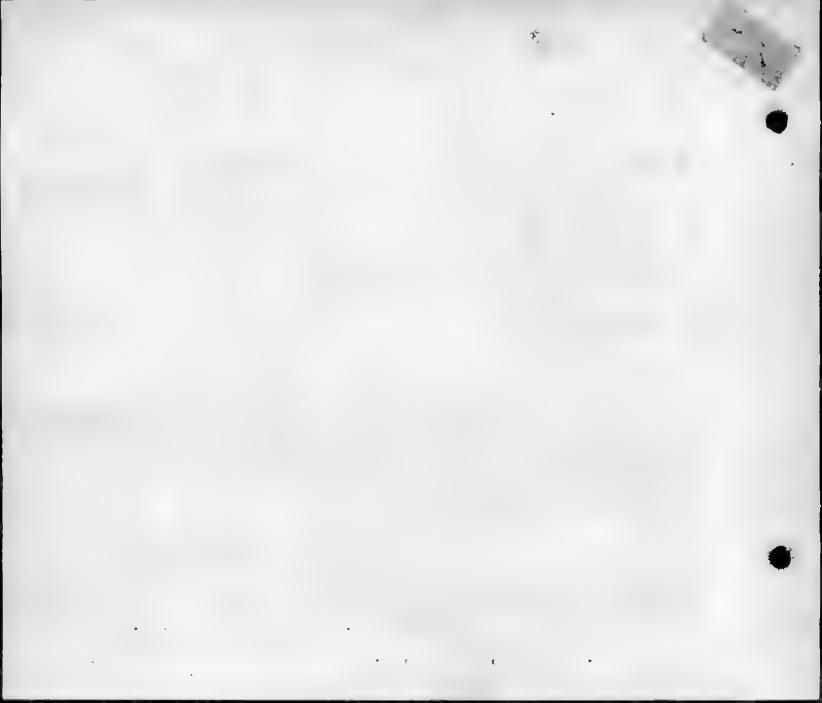
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Reg.	Dist. No.	

1. PLACE OF DEATH

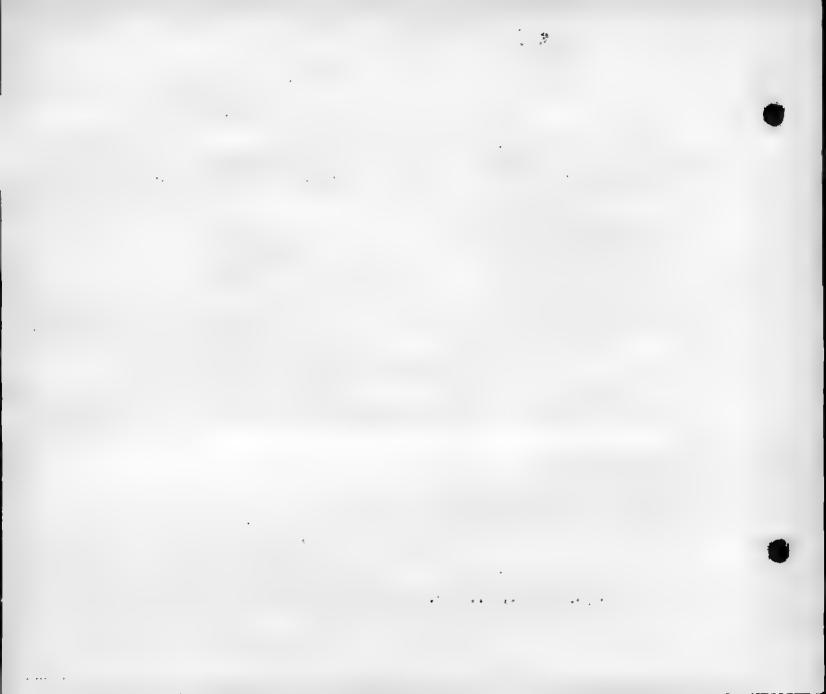
2. USUAL RESIDENCE (Where deceased lived. If institute a COUNTY of COUNTY of

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESID	ENCE (Where deceased lived.		are admission)
	Frince (Jeurge) MARYLAND	V. 31AIL	Ma. "	COUNTY ATIN	ice / lear 18
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RUBAL and give nearest town).	c. CITY OR T	OWN (If outside corporate lim	nils, write RURAL and give ne	orest town)
	HUALTSVILLE MO 8 VYS.	· ///-	t. Kainie	· Md.	
	NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET A	DDRESS		e. IS RESIDENCE ON A FARM?
9	NVATRUILLE CONVOLESCENT + hest Hom	1 58	01-42a	e,	YES NO Z
	3. NAME OF First Middle	aLost	4. DATE	Month D	y Year
	(Type or print)	() el	mes DEATH /	toril 1	2 1959
	The final production of the pr	B. DATE OF BIRTH	9. AGI	A Table of the Control of the Contro	IF UNDER 24 HRS.
	WIDOWED DIVORCED	JULY/	5/8/2/8	bishday) Months Day	Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIR HPL	ACE (Stote or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	Crain man-navy vd	Shar	psburg-1	nd.	U.>
	13. FATHER'S NAME	14 MOTHER'S	MAIDEN NAME	1	,
	John Si James	India	ina V. M	alone	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. If	NFORMANT	-1-1	Address	1,-4
	Yes Spanish Way Unknown /	Mrs. A	galha M	urray (SIS (ex)
	/ 18. CAUSE OF DEATH [Enler only one couse per line for (a), (b), and (c).]		1		ERVAL BETWEEN SET AND DEATH
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CARDIAC FA	HLURE			& WEEKS
	400.0 DUE TO				
	Conditions, if any, which) (b) CENERALIZE	O ART	ERIOSCLERO	2750	YEARS
	gove rise to immediate couse (a), stating the under-				
	lying cause lost. (c)				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERBRAL ARTER 10 SC4 206. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER			DITION GIVEN IN PART 1(6)	PERFORMED?
•	3 CEREBRAL ARTERIOSCA				YES 🔲 NO 🔯
	206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH). (Enter noture of	injury in Port I or Port II of i	tem 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/ Hour o. m. P. m. 19 of work of work	ACE OF INJURY (History, street, affice	lame, form, 20f (City or low bldg., etc.)	n) (County)	(Stote)
	Z p. m. 19 of work of work				
	21. I certify that I attended the deceased from 12 APR	14, 1959	, 10 SAME	19that I last s	aw the deceased
	alive on 12 APRIL , 1957, and that death	occurred at,	/105 P.M. from the	causes and an the do	ite stated above.
	11 0,100		ADDRESS (Street, ci	ly or lown, state)	DATE SIGNED
	SIGNATURE HELING R. WORK	м.D	S SHERID	404 J [1419T	154 4/0/19
	PHYSICIAN'S				· ·
	NAME (Type)				
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BOORS DOTO		1	ity, town, or county)	(State)
	1,23,37 2001103010		Boohsbo		
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey. Bethesda. Md.		24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATU	
	Robert A. Lumphrey, Dethesda, Md.	•	DATE APR 1 4 '59	Christma S. The	W.B

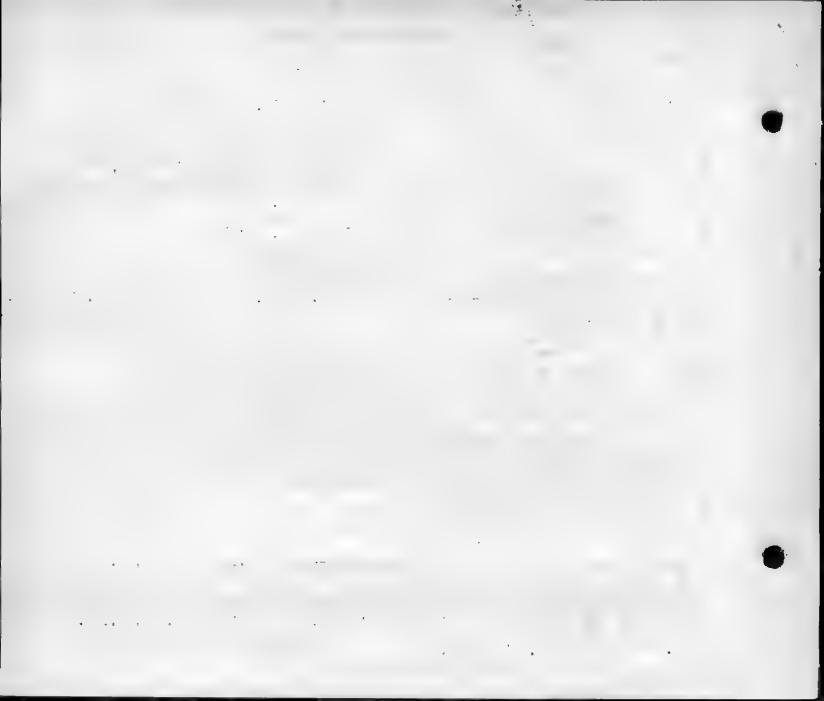


11At Or ATTENDING FRESTORMS and 10W requires included beattered be executed within 24 hours after death leage		After this certificate has been signed by the attending physician and completely filled in by the prat director,	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shower be filled with,	To a second
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	MAKT	LANU	SIAIE DEPAKIM	ENT OF HEALT	H-BAL	IIMORE, I		1071			
	7.00	,	CERTIFICA	ATE OF DEAT	H		()46/1 Reg. Dist. No.				
1. PLACE OF DEATH 0. COUNTY Pri	nce Georg	1	MARYLAND	2 USUAL RESIDENCE (Vo. STATE	Where decease	d lived. If institution b. COUNTY		efore admi			
b. CITY OR TOWN (I RURAL and give ne Cheve	f outside carporate limi arest town) r ly		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corpo		URAL and give	nearest low			
d. NAME OF HOSPIT OR INSTITUTION Prince	AL (If not in haspital, of Georges G		address)	/d. STREET ADDRESS				ON	SIDENCE A FARM?		
3 NAME OF DECEASED (Type or print)	Philip	st	Middle	lost Jenifer	4. DATE OF DEATH	Mon Api	mil 21	Doy	Yeor 19 59		
s sex	6. COLOR OR RACE	WIDOWI	<u> </u>	B DATE OF BIRTH		9. AGE (In years lost birthday) 83 yrs.	Months Da				
during most of work Retir	ing lire, even it rettred	dane 10b.	KIND OF BUSINESS OR INDU		te or foreign of laryla		12 CITIZEI		T COUNTRY		
13. FATHER'S NAME	John Jeni	fer		14 MOTHER'S MAIDEN	Unkno	wn					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR If yes, give war or ileles of s	CES? 16. ervice)	SOCIAL SECURITY NO 17. (NFORMANT		Addi	ress				
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CANCELLE At feet leve ONSET AND DEAT 2 LEVE									DEATH		
								ytz			
								AUTOPSY ORMED?			
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Pari I ar Par	t () of item 18.)					
Haur e.m. 19 While of work of								(Stale)			
								ed abave			
ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) M.D. Hyattsville Maryland									ATE SIGNE		
PHYSICIAN'S NAME (Type)	LZb. DATE THEREO	F 7.4	MaD Dr. John			to diff the 197 set 197 set 198 see the 198 see to the					
220. BURIAL, CREMATION REMOVAL (Specify)	4-25-	59	St. Marya C	-ounty		TION (City, lown, o	7	nd.	te)		
23. FUNERAL DIRECTORS	Funteral	Hom	ADDRESS e 3F9-P.T. A	1/0. N. W DATE	APR 2 3	'59 24b. REGIS	TRAR'S SIGNA Inthum L	TOTALLA			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ineral director, id be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the Maspital or attending physician. TO FUNERAL DIR. R: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be refaced for use as the burial-transit permit. Then please remove mrbon pagers. Pages 1 and 2 the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

H

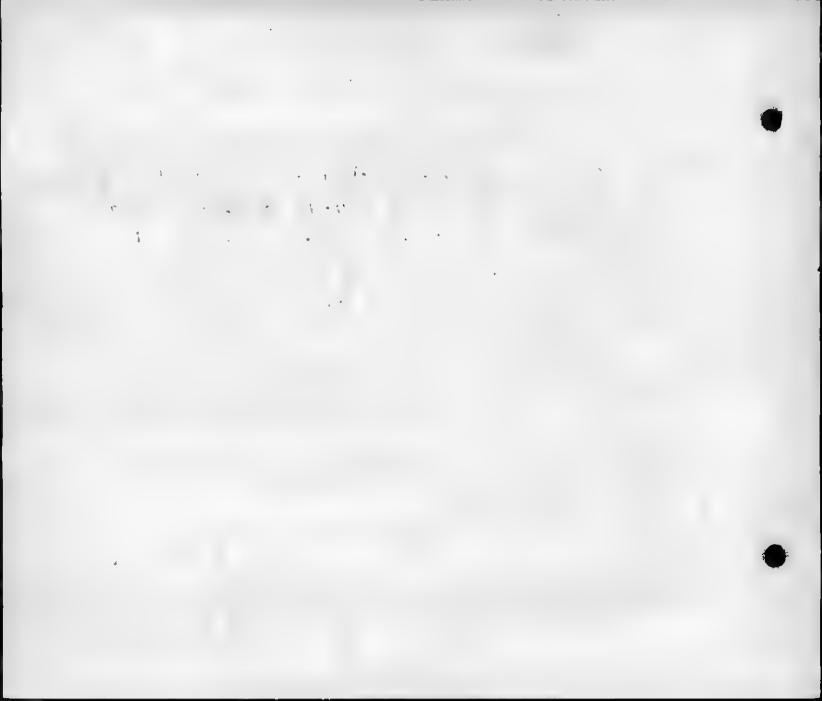
 \Diamond

4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4643 **CERTIFICATE OF DEATH**

()4673 Reg. Dist. No.

1. PLACE OF DEATH o COUNTY		MARYLAND	o. STATE 4 // C	here deceased lived. If insti		ore admission)
b. CITY OR TOWN (If outside corpo		TH OF STAY IN 16		TON D.C.	e RURAL and give no	corest fown)
RURAL and give hearest town)	. 0			(16)	15 x	
d NAME OF HOSPITAL (If not in he			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
CAPPO	11 MANON	r	5319 YOU	KtoWN	Rd.	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF DEATH	Aonth D	оу Үеог
{Type or print} OR Thor	AS GIE	hh	JONEZ			8 1959
5. SEX 6. COLOR O			B. DATE OF BIRTH	9. AGE (fn yet lost birthdo		Hours Min.
MAIC Whi	of work done 10h KIND OF	DIVORCED []	TRY 11 BIRTHPLACE (SION		(12 CITIZEN (DE WHAT COUNTRY?
during most of working life, even	if retired)		1.000 -	aton DC	115	À
MEGICAI DOC	FOR PHIL	SICIAN	14 MOTHER'S MAIDEN	700		2/1/
Shomas Gle	no ton	105	pre- 3 7	eth Ki	n a	
	AED FORCES? 16 SOCIAL SE	CURITY NO 17. IN	IFORMANT		Address	MA,
No -	095-0	9-44511	A St. MAU	reen th	erese -	CArroll 3
18. CAUSE OF DEATH [Enter on	The second secon		-0-5:0 11	2-2	INT	TERVAL BETWEEN
PART I. DEATH WAS CAUS	AUSE (a) HRTE	RIOSCILL	FROME AL	EART DISE	AZE	-
	DUE TO		OL TAKE	ARCTICO,	N =	326,0
Conditions, if ony, which) gove rise to immediate	(b) 10 C	HEDIL	AL WIT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
cause (o), stating the <u>under-</u>	DUE TO ARTE	1210,52	LEROTI	C. Karpet	PISEASE	- 5 years
	NT CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	SINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY
S						PERFORMED? YES NO
PART II. OTHER SIGNIFICA 200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF	G T 206 DESCRIBE HOY	V INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of item 18)		
	MINER)	1				
20c. TIME OF INJURY Month, (Hour a.m. p. m.	Poy, Year 20d, INJURY OC While Not	CURRED 20e. PLA	CE OF INJURY (Home, for lary, street, office bldg, et	m, 20f (City or town)	(County	} (State)
p. m.	19 of work of w	ork		11 - 66	EG	
21, I certify that I attend	ed the deceased from	/	19 <) d, to	2 31 19	27,that I last s	saw the deceased
alive on 7	19.3.7.	and that death	accurred at	M, fram the cause ADDRESS (Street, city or to		ate stated above. DATE SIGNED
ACTUAL SIGNATURE	Alakerin		10. 33	5 - H -	TNE	. Daile statistic
PHYSICIAN'S THOI	NASF (COLLI	NS W	ASH DO		4-58-5
220. BURIAL, CREMATION, 22b. DATE REMOVAL-(Specify)	THEREOF 22c. NA	ME OF CEMETERY OF	CREMATORY	22d LOCATION (City, lov	rn, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	11,14541	OCA -	AT In	MASAUKI	EGISTRAR'S SIGNATU	De la constantina della consta
23. PUNERAL DIRECTOR'S SIGNATURE	cf(110	-1171V	DATE	"D BY REGISTRAR 246 R	arthun & 1	
	4/5	1-11-11 1	MENTIL DATE		John Jak 1	AS ASSAULT



PLACE OF DEATH o. COUNTY

b. CITY OR TOWN (III

d NAME OF HOSPITA or institution Prince

3. NAME OF

S. SEX

DECEASED

(Type or print)

Femmle

100 USUAL OCCUPATIO during most of work

IS. WAS DECEASED EVER (Yes, no, or unlnown)

> IB. CAUSE OF DEA PART I. DEAT

Hour o.m.

REMOVAL (Specify)

At Home 13. FATHER'S NAME

ACC OF DEATH COUNTY Prince Georges MARYLAND Prince Georges CITY OR TOWN (If outside corporate limits, write rural and give nearest town) A days Avondale Los Tope (If outside corporate limits, write rural and give nearest town) A days Avondale Avondale Avondale April 2 19 56 April 2 19 56 April 2 19 59 April 2 19 59 April 2 19 59 April 2 19 59 August residence before adm ssion) Laryland b. COUNTY Prince Georges CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A days Avondale Avondale Avondale April 22 19 59 April 24 1894 April 22 19 59 April 25 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) April 22 19 59 April 23 19 59 April 24 19 59 April 25 19 59 A		MARYL	Albert	STATE DEPART Item 12 Filt CERTIFIC	ME IGE CA	NT OF HEALTH 41 4-2(-59 FE OF DEATH	i—BAL e t i	TIMORE, 1		} 4 {	- 4	
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) A days Avondale NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Prince Georges General Hospital About 1 days Avondale Is residence On A FARM? YES ON A FARM? Y	COUNTY			MARYLAN	- 11	o. STATE		d lived. If institute b. COUNTY	on Reside	Ge O		
OR INSTITUTION Prince Georges General Hospital 4503 24th Ave. ON A FARM? YES NO SECURITY NO SECURIT	RURAL and give nee	arest town)	s, write		b			profe limits, write R	URAL ond	give nec	rest town	1)
Takechiyo Katsu OF OF OF OF OF OF OF OF OF O	NOITUTITZMI RO					/	24t	h Ave.			ON A	FARM?
DIVORCED 1/21/1894 10st birthdoy 65 yrs Months Doys Hours Min. JSUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY At Home Japan Japan Japan Japan I.4. MOTHER'S MAIDEN NAME Unobtainable TAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address John Katsu-4503-24th Ave. Avondale, Md B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. THROMBOSIS RT. MID CEREBRAL ARTERY S. DAY	CEASED	_		Middle			Of				•	
Japan Ja	emule				_ 」,			lost birthdoy)	<u> </u>			-
Nobutada Address As DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT John Katsu-4503-24th Ave. Avondale, Md B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) THROMBOSIS RT. MID. CEREBRAL ARTERY S. DAY	At Home	N (Give kind of work d ing life, even if retired)	one 10b.	KIND OF BUSINESS OR IN	DUSTR	_	or foreign c	ountry)				COUNTRYP
John Katsu-4503-24th Ave. Avondale, Md B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) THROMBOSIS RT. MID. CEREBRAL ARTERY SDAY		Nobutada						10				
PART I. DEATH WAS CAUSED BY. THROMBOSIS RT. MID. CEREBRAL ARTERY SDAY				SOCIAL SECURITY NO. 17			503-			von	dal	e,Md.
Conditions, if ony, which) ARTERIOSCLEROSIS CEREBRAL ARTERIES IVEA	PART I. DEAT	TH WAS CAUSED BY, IMMEDIATE CAUSE (o)	T	4ROMBOSI						ZY ONS		
gove rise to immediate couse (a), stating the under-lying cause last. (c)	gove rise to im couse (b), stating t	y, which (b)	_A	RTERIOS	CL	EROSIS,	ERE	BROL A	शिस	2185	/ }	EAR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO	PART II. OTH			4 - 1	BUT NO	TUS	NAL DISEAS	E CONDITION GIV	'EN IN PA	RT 1(o) 1	PERFO	RMED

couse (o), sloting t lying couse lost. CERTIFICATION PART II. OTH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Doy, Year 20d, INJURY OCCURRED (County) (Stote)

MEDICAL While Not while ol work of work p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at 4.05 A. M. from the causes and an the date stated above.

ADDRESS (Street, city or town, state)

foctory, street, office bldg., etc.)

PHYSICIAN'S NAME (Type) Sam Sugar., M.D.

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county) Prince

(Stote) Georges

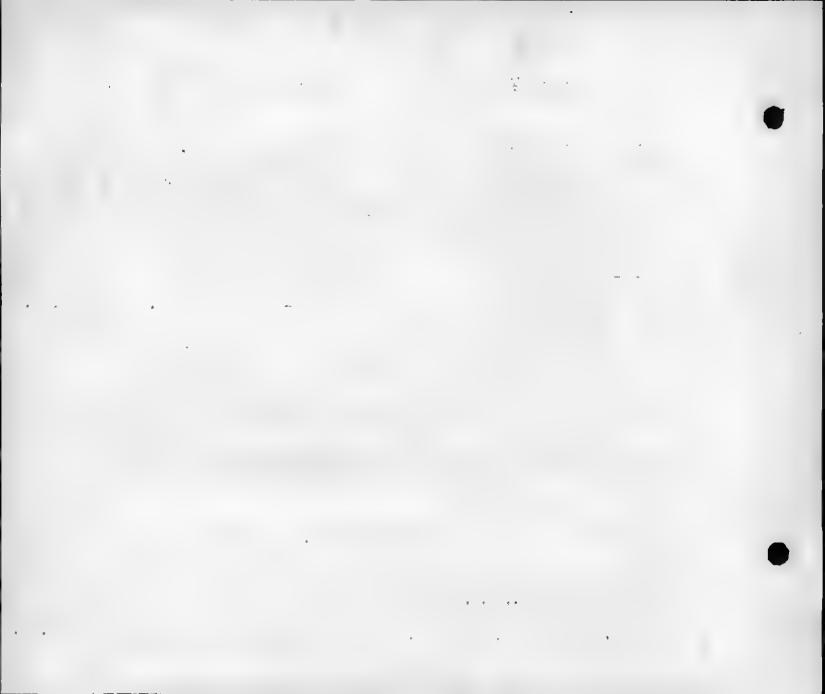
Lincoln Crematory FUNERAL DIRECTOR'S SIGNATURE ADDRESS, 240, REC'D BY REGISTRAR APR 2 3 '59

959

24b. REGISTRAR'S SIGNATURE arthur & House

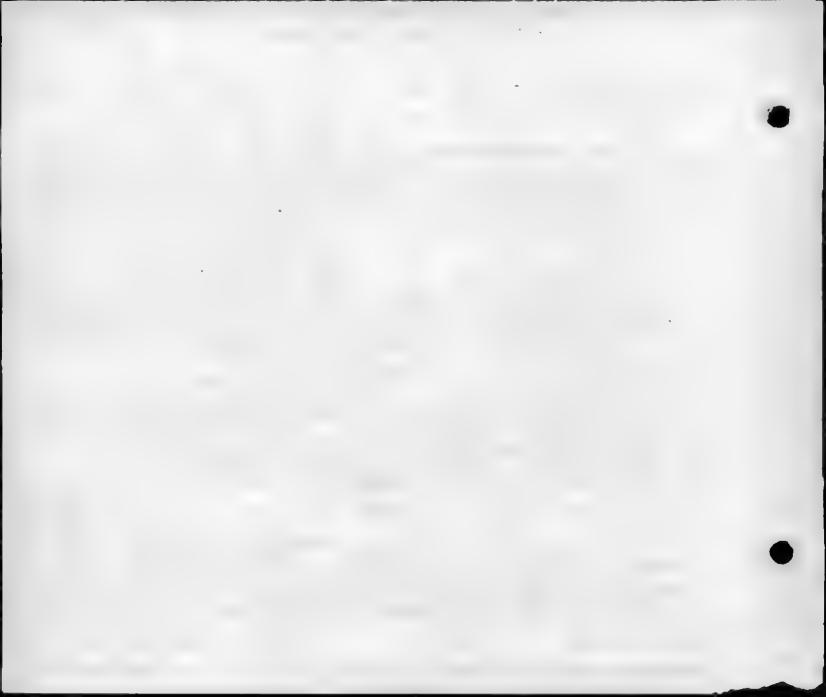
VS A15 (4) 15M 10/57

the registror prior



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the performance of the peace of the proper 3 should be defoched for use as the burial-frongit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or replayed, and we event within 72 hours ofter death.

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		4721 CERTIFICATE OF DEATH ()4675 Reg. Dist. No.
Ì	Ľ	PLACE OF DEATH a. COUNTY PRINCE GEORGES MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY PRINCE GEORGES
r		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLIVE OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLIVE OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3 BOX 31 d. STREET ADDRESS ON A FARM? YES NO D
	1 1	NAME OF DECEASED (Type or print) AURA LEONA LAKEMAN 4. DATE Month Day Year OF DEATH APRIL 19 1959
	5. \$	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED NEVER MARRIED 19. AGE (In yours life UNDER 19 4 Hrs. last birthday) WIDOWED DIVORCED NEVER MARRIED NEVER MARRIED 19. AGE (In yours life UNDER 194 Hrs. last birthday) WIDOWED DIVORCED NEVER MARRIED NEVER NEV
	L.	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) SALES LADY T.C. PENNEY NEW HAMPSHIRE U.S.A.
		SETH QUINBY AURA ANNEDOW
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address PT 3 / 30 / 31. 16. SOCIAL SECURITY NO. 17. INFORMANT Address PT 3 / 30 / 31. OOI-01-688640 UISE MARION ROSENTHAL BY INTO N. 430.
		IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH SHINUTES
		Conditions, if any, which gove rise to immediate cause (o), stoling the under-lying couse lost. (b) DIABETIC-PATTERIOSCUERATIC CARDIOVASCULAR 25 YRS, DISEASE (c)
)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 2. PREVIOUS MYDCARDIAL INFARCTIONS YES NO 1
	CERTIF	20b. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour 6.1. While at work at work at work at work.
:		21. I certify that I attended the deceased fram SEPT 9, 1958 to PRESEMP that I lost saw the deceased alive on MRR. 25, and that death accurred at S. M. fram the causes and an the date stated above. ADDRESS (Sireel, city or lown, store) DATE SIGNATURE SIGNATURE SIGNATURE M.D. PREMIULIAN - Chinitan Land. Control of the story of
1		PHYSICIAN'S ARTHUR SHAVER TR. BRANCH AVE CLINTON HD. APR. 19, 59
		BURIAL CREMATION, REMOVAL (Specify) 4-23-59 Blossion Helf Concert New Hampahine
	23.	Summons Bus. 1661-Good Hope Del SE 240. REC'D BY REGISTRAR & REGISTRAR'S SIGNATURE DATE APR 21 '59 Cirily & House



HEALTH DEPK TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the cert. **Secure the cert.** writing the word "#enfling" in penal in them, 18. Give flages 1, 2, and 3 to the funeral director. Page 4 should be for. **A should be for. **Ed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files. **TO FUNERAL DIRECTOR: Page 3 should be used any burial-transit permit. File pages 1 and 2 with the State Bop 2. I health, ar its designated agent, prior to burial, cremation. **The means of the maje of the death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

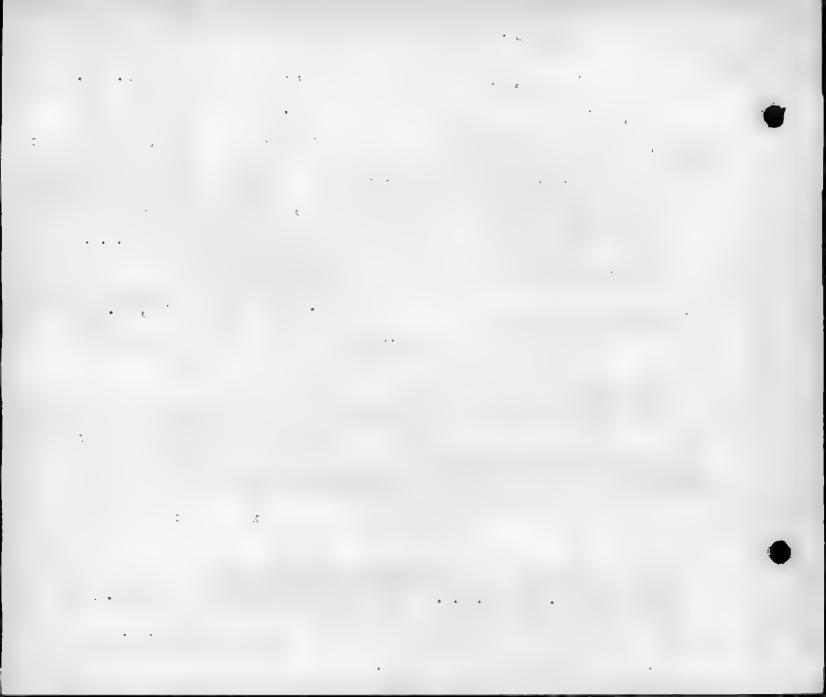
472 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04676

- 1	A F 19 NF					Reg. Dist. No.	
	PLACE OF DEATH a. COUNTY	1 2	. USUAL RESIDENCE (V	Where deceased	lived If institution	on: Residence befo	ore admission)
		ARYLAND	STATE Mary	land	6. COUNTY	Pr. Ge	Q ₀
	b CITY OR TOWN (If outs do corporate kimils, we're RUPAL c. LENGTH OF ST.	AY IN 16	c. CITY OR TOWN (III	f outside corpora	ote limits, write R	URAL and give ne	rarest town)
	Kentland	- 1	Kentla				,
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street add	rdress)	daSTREET ADDRESS				Te s residence
	7508 Hawthorne Street		/	Hawthorn	e Street	t	ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) Margaret, Ann.	Land	Lost	OF DEATH	Apri.	1 6 Day	Yeor 19 59
ł	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR						IF UNDER 24 HRS.
	Female White WIDOWED DIVORCE		March 2, 1		least from the days 2	Agriths Doys	Hours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS (during most of working life, even if retired)	OR INDUSTRY	11. BIRTHPLACE (Stole	or foreign coun	try)	12. CITIZEN OF	WHAT COUNTRY
	None		Mary:	land		U.S.A	•
ı	13, FATHER'S NAME	14	. MOTHER'S MATDEN	VAME		<u> </u>	
-	Kenneth Alfred Land	1	Margare	et Ann S	Scott		
ŀ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY N	NO 17. INFO			Address		-
	[Yes, give wor or doles of service)	The	mas W. Sco	tt; 370l		venue v. Md.	
1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).	1				INTERV	VAL BETWEEN
1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Programs	onitis				0.4251	AND DEATH
/	492 X DUE TO	ייסירה ידנוויו					
ı	Condition II and Alita						
П	gove rise to immediate couse						
1	(c), stoting the underlying DUE TO						
ł		ATH BUT NOT	RELATED TO THE TERMI	INAL DISEASE C	ONDITION GIVEN	I IN PART VALUE	WAS AUTOPEY
-	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE				STOTION OUTE		PERFORMED?
П	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	CURRED (Enter	noture of injury in Port	I for Part II of i	tem 18.)		
1							
1	20c. TIME OF INJURY Month, Doy, Your 20d. INJURY OCCURRED	20e PLACE	OF INJURY (Home, form	20f. (City or	fown)	(County)	(Stote)
1	20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work		street, office bldg., etc	1			
	21. I certify that I took charge of the remains describ	-	held an Autops	v 🕮 Insp	ection E1	Inquiry 📆.	and in my
1	opinian death resulted fram: Natural causes 7, Ac			- 1	No.	rined manner	
П			, .		g, chaelelli	mica mamei	
	SIGNATURE DAM D. Malane		DATE SIGNED				
-							
Į	NAME (Type) John T. Maloney, M.D.	//	ASSISTANT MEDICAL I	-	Ap	ril 7. 1	.959 -
	220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEM	ETERY OR CRE	MATORY	22d LOCATION	Y (City, lown, or	county)	(ela12)
1	Burial 4/8/59 Mt Olive	t Ceme	tery	Washi	ngton D	. C.	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			D BY REGISTRAN	246. REGISTI	AR'S SIGNATURE	
	F. Gaschis Sons Hyatteville	Md	DATE AT	PR 1 0'59	Clri	tung & Pocali	A

VS ATSME 5M 2/57

1 %



DATE APR

VS A15 (4) 1SM 10/57

HOSPITAL



HEALTH DEPT.

the should be executed within 24 haars after death. If any delay is necessary, please ding!" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page Examiner's Office along with form PM3. Page 5 may be retained for files. d as a burial-transit permit. File pages 1 and 2 with the State Baa 5. Health, hadian, or removal, and in any event within 72 haurs after death. M

TO DEPUTY MEDICAL EXAMINER: This certifical	execute the cert "e. writing the word "pen	4 should be formed to the Chief Medical	TO FUNERAL DIRECTOR: Page 3 should be use	or its designated agent, prior to buring, crew
TO DEPI	execut	4 shor	TO FUN	Or 175
#15 5	. A	15/ 2/5	ME 7	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4644MEDICAL EXAMINER'S CERTIFICATE OF DEATH

() 4678 Reg. Dist. No.

-								- The Company of the		
	PLACE OF DEATH	Prince G	eorges	MARYLAND	2. USUAL RESIDENCE (V o. STATE Mary)	-	b. COUNTY	Pr. Ge		
	b. CHY OR TOWN (II of and give neares) fown) Lewis	iale , Hyat		LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	dale , H			rest town)	
	d. NAME OF HOSPITA			, give street address)	d STREET ADDRESS		3 70 3		ON A FARM	
L	2201 1	Beechwood	Road		2201	Веесымо	od Kona)	YES 🔲 NO 🔂	
	NAME OF DECEASED (Type or print)	Fpank		Middle Liam	Lee	4. DATE OF DEATH	April	13	Year 59	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		the same of the same	man and the last of the last o	UNDER TYEAR		
	Male	white	WIDOWED 2		July 22, 18		yrs.	ionths Days	Hours Min.	
	b. USUAL OCCUPATIOn during most of working Banker	N (Give kind of work life, even if retired)	Vic	y Bank. e-Fresider	try 11. BIRTHPLACE (Stote	or foreign country		U.S.	A.	
13	Francia	Lee			14. MOTHER'S MAIDEN I		?			
15 Ye	, WAS DECEASED EVE	R IN U. S. ARMED FC (If yes, give war or dates of	(anuman)	7-10-2322	Records	at City	Address Bank,	Wash.I	C. C.	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Acute congestive heart failure									
	442X	DUE TO		Candiana	scular renal	disasse				
	Conditions, if on)	Carcitova	DUGLAL TOTAL	OTDOOD6				
	(o), stating the u	nderlying DUE TO								
z		J (c FR SIGNIFICANT CON		BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN	I IN PART I(a) 19	WAS AUTOPSY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED. YES TO NO.									PERFORMED?	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS ALL PERFORM YES. 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 10) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Photo Proceedings of the part 1 or Part 11 of item 10) While Not while of work of work of work of work of work of work of work.										
								(State)		
	21. I certify that I taak charge of the remains described above, held an Autapsy 🔲, Inspection 🔟, Inquiry 💽 and in n									
	apinian death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER									
		John T. Ms			DEPUTY MEDICAL	EXAMINER T	Apri		59.	
22	REMOVAL (Specify)			NAME OF CEMETERY OF		226. EOCATION			(State)	
23	BUT181	alam Ta	· 121 V	Moodlawn C		Balting D By REGISTRAR	24b REG STO	Mar ylan	4	
11	he S.H.H		2901]	Luth St., N w ton 9.D.		PR 1 5 '59		mg & Krow		
-			_wazırr	Problem Jalla			1	المالمة الأساسية		



FOR STATE HEALTH DEPT.

7.1

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please secure the cert.

A. writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and \$10 the funeral death. Page should be far and to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the files.

FUNERAL DIRICION: Page 3 should be used as deviation from its permit. File pages 1 and 2 with the State Board of Health, its des gnafes secul, prior to burial, credition, of removal, and in any event within 72 hours after death. ō

9	€ 4e	5
VS.	A15	ME
58	A 2/	57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

					Nail near 140:					
), PLACE OF DEATH	2010		2. USUAL RESIDENCE (Where deceased lived. If instit	ution: Residence before admission)					
o. COUNTY	Prince Georges	MARYLAND	o STATE Mar	yland b COUNT	Pr. Geo.					
b. CITY OR TOWN	if outside eorparate limits, write EURAL	c. LENGTH OF STAY IN 16	c CITY OR TOWN II	f outside corporate limits, write	RURAL and give nearest town)					
and give negrest low	(M)	B.O.A.	Laure							
	everly TAL OR INSTITUTION (If not in to		ad STREET ADDRESS	4	e is residence					
				- 4-7 - Ohmanh	ON A FARM?					
	Georges General	L Hospitar	31 AVOI	ndale Street	YES NO I					
3. NAME OF DECEASED (Type or print)	Harry first Gi	Middle Leis	shure	4. DATE Mont	Day Yeor 59					
5. SEX	6. COLOR OR RACE 7. MARE	RIED T NEVER MARRIED B	DATE OF BIRTH	9 AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS					
Male	white WIDOW	ED DIVORCED	1-25-07	fast inclinday) 51 yrs	Months Days Hours Min.					
to a name or	ION (Give kind of work done 10b.				12. CITIZEN OF WHAT COUNTRY?					
during most of work	ing life, even if retired}				U.S.A.					
Chauff	eur	State Roads	Marylan		0.0.4.					
13. FATHER'S NAME			14. MOTHER'S MAIDEN		_					
Morris	Leishure		MODE OF	Lottie Wel	ls					
15. WAS DECEASED E'	VER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 M	FORMANT	Address						
No	fu hat His wor or opies or switce)	G	oldie Leishu	re; same addre	ss as # 2.					
	ATH Enter only one couse per line		***	<u> </u>	TINTERVAL SETWEEN					
	ATH WAS CAUSED BY:		etive heart	failure	ONSET AND DEATH					
11.110.1	IMMEDIATE CAUSE (o) ACCORDED DE LO TROLLE TOURS DE LO TROLLE DE LA CONTROLLE D									
44dx	DUE TO									
	Conditions, if ony, which gove rise to immediate course (b) Cardiovascular renal disease									
(o), stoting the										
couse lost.	(c).									
Z PART II, OT		CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITION GI	VEN IN PART I(a) 19. WAS AUTOPSY					
5		-			PERFORMED? YES NO					
	NUSE WAS ENTRIBUTING 20% DESCRI	BE HOW INJURY OCCURRED. (E.	ter noture of injury in Pol	t I or Part It of Hem 18.)						
20c, TIME OF INJU	JRY Month, Doy, Year 20d	INJURY OCCURRED 200. PLAC	E OF INJURY (Home, form	n, 20f. (City or town)	(County) (State)					
Hour e, m,	19 of v	rork C at work C	ry, street, office bldg., etc	·}						
	hat I toak charge of the		a hald on Auton	. [] . [na=nation 67]						
			`		, , ,					
opinion death	resulted fram: Natural	causes Accident	J, Suicide ,	Homicide 🔲, Undete	ermined manner					
	1 - DAY									
SIGNATURE	ohn O. Male	ney	M.D. CHIEF MEDICAL E	XAMINER [DATE SIGNED					
	V		ASSISTANT MEDIC	AL EXAMINER						
EXAMINER'S NAME (Type)	11 7 11 7	- V D	DEPUTY MEDICAL	EXAMINER	11 14. 1959					
	John T. Malo	127 NAME OF CEMETERY OR		THE TOTAL						
REMOVAL (Specif)	1 2 2 2 2 2		CREMATORY	22d. LOCATION (City, town,	or county) (State)					
Burial	4-17-59	Ivy Hill		Taure? -16						
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	240 REC		STRAR S SIGNATURE					
Piduley Se	lby 1200 Snowder	n Place . Taurel .	Vid. DATE	APR 21 '59	aritua S. Haus					
	TOTAL STATE OF THE PARTY OF THE		The state of the s							



			472	23	CERTIF	CA	TE OF DEATH	4		Reg. Dist.	(15() No.	
X T	PLACE OF	DEATH Y GOOT	ges		MARYLA	ND	2 USUAL RESIDENCE (WI STATE District of		b. COUNTY	on. Residence	before odr	nission)
\\·[b, CITY O		outside corporate limi rest town)	ts, write c.	LENGTH OF STAY IN 2 hrs 12 m	- 11	c. CITY OR TOWN (IF a	outside corpo		URAL and give	e nearest l	own)
	d. NAME OR INS	OF HOSPITA TITUTION HOSDIT	L (If not in hospital, g				d. STREET ADDRESS				10	RESIDENCE N A FARM?
3	NAME OF DECEASED (Type or p)	Tina		Middle Lee		Lemons	4. DATE OF DEATH	Mon Apri	_	Doy 17	Yeor 19 59
	s. sex Fomal		White	WIDOWED [DATE OF BIRTH August 5, 19	·	9. AGE (In years lost birthdoy) yrs.	8 1	2 Hou	ıts Min.
	NOME	ost of worki	N (Give kind of work and life, even if retired)	d of business or i None	NDUST	ry 11. BIRTHPLACE (Stole Florida		ountry)	US.		HAT COUNTRY?
		R. Lem					Clarsie M	Cooke				
	NO	EASED EVER	IN U. S. ARMED FOR Yes, give wor or dolar of the None	ervice)			Her Homeste					
			H [Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (con the control of the co		or (o), (b), and (c).]							BETWEEN HTAND DEATH
	Condition gove	ions, if on rise to im b), sloting the ouse lost.	mediate (Meni	ngitis							
2				<u> </u>	TRIBUTING TO DEATH	1 108 1	IOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	/EN IN PART 1	PE	AS AUTOPSY REFORMED?
			UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DESCRII	BE HOW INJURY OCC	URRED.	(Enter noture of injury in					
	WED!	OF INJURY or o.m. p.m.	19	While of work	Not white of work		CE OF INJURY (Home, form ory, street, office bldg., etc	:.)	y or town)	(Cod		(Slote)
	21. I c	n Apr	at 1 attended the	deceased 19 59	from April , and that d	17 eath	19.59, to A occurred of 7:12	PM, from	m the causes of treet, city or town,	ond an the	dote st	he deceased ated above DATE SIGNED 17,1959
1	PHYSICI NAME (AN'S	UN A MOORE	E CAPT	USAF (MC)		Andrews A	FB., V	Vashingto	n 25,	D. C.	
1	REMOV	CREMATION ALISPOCITY) CLUUM	64/201	59 2	20/NAME OF CEMETE	RY OR	amiley	Si	TION (City, fown, utlani	or county)	الـ ا	State)
	blews	Oha	SIGNATURE	118om	ADDRESS 516)	n:	DATE A	PR 2 3		strar's sign		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR



04681CERTIFICATE OF DEATH 4724 Reg. Dist. No. with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY be filed CITY OR TOWN (If autside corporate limits, write & c. SITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 15 RURAL and give nearest tawki NAME OF HOSPITAL (If nation haspital, give sever address d STREET ADDRESS IS RESIDENCE ON A FARM? ARKLAND COURT YES T NO Z 4. DATE OF DEATH NAME OF Month First Middle Day Last Year 19 5 (Type or print) 9. AGE [In years | Dal birthday] 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, extend retired) S 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN A ğ physician KSBERG haurs геламе 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 ANSORMA Address 22 attending CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Suy Canditians, if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 7 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part of Part II of Item 18) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, (County) (Slote) factory, street, office bldg., etc.) Hour a.m. While -blot_while While - blot whi at work at wark 21. I certify that I attended the deceased from 19-9-9 that I last saw the deceased and that death occurred at 4 A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 3 should PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b DATE THEREOF MAME OF CEMETERY OR GREMATORY LOCATION (City town, or county) (State) BEMOVAL (Specify) 2 TEC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE Cirthun S. Knows 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

								Key, Dis	1. 140.	
1. PLACE OF DEATH	2017				2. USUAL RESIDENCE (Where decea				Imission)
	Prince Geor	ges	MAR	YLAND	o. STATE Mary	land	b. COUNT	Pr.	Geo.	
b. CITY OR TOWN I	If outside corporate limets, write m)	RURAL	c. LENGTH OF STAY	IN 15	c. CITY OR TOWN (I	f outside cor	porate limits, write	RURAL and	give negrest	town)
	Cheverly				34 Bren	twood				
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in ho	spital, give street addre	151)	d. STREET ADDRESS					RESIDENCE
	orges Gener	al Ho	ospital		/ 3705 Ups	hur St	treet			□ NO
3 NAME OF DECEASED	Fin	ıł	Middle		Lost	4. DATE	Monti	3	Day	Year
(Type or print)	James		Francis		Mack	DEATH	April	1	3,	19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9. AGE (in years lost birthday)	Months D		NDER 24 HRS.
Male	white	WIDOWE			11-2-27		31 ym	Months	lays Hour	s Min.
10a. USUAL OCCUPAT	ION (Give kind of work of	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (SION	or foreign c	country)	12. CITIZ	EN OF WHA	AT COUNTRY
Electri		I	Electrical		New Jerse	J			U.S.	A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Jan	es F. Mack				Lid	ia Mar:	shall			
15. WAS DECEASED ET	YER IN U. S. ARMED FOI		SOCIAL SECURITY NO	. 17. IN	FORMANT		Address			
Yes	W.W.2			B	arbara Yates	s; 470l	+ Eades S	t., Ro	ckvil	le, Md
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]								INTERVAL BET	
PART 1. DEA	PART 1. DEATH WAS CAUSED BY: Hemorrhage and shock									
176x	176 X DUE TO									
Conditions, if	Conditions, if any, which) (b) Cerebral laceration									
	gave rise to immediate cause (o), storing the underlying DUE TO									
couse lost.	(c).		Gunshot	MOU	nd of head					
PART II, OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. WA	S AUTOPSY
TY.									YES _	FORMED?
PART II. OT	USE WAS 20	b. DESCRIE	E HOW INJURY OCCU	RRED. (En	iter nature of injury in Pa	rt I or Part II	of item 18.)			
CAUSE OF DEATH	· ·	Se	elf inflict	ed w	ound of head					
3 20c. TIME OF INJU	JRY Month, Day, Yea	pr 20d.	INJURY OCCURRED 2	Oc. PLAC	E OF INJURY (Home, for	n, 20f. (Cit)	or town)	(Coun	ty)	(Stote)
20c. TIME OF INJU	11-77- 19	MAN		tocto	ry, street, office bldg., etc ICENS	-7		Pr. G	eo.	Md.
- In 1 and 2					e, held an Autop		nspection ,			-
· ·	-				ide 💹, Homícide				LAL, CINC	a inna ina
death resulted	1 / I / I / I / I / I	caoses [, 5010		. П. о	ndetermined t	dose		
ACTUAL	100	JAM-	Vanne		CHIEF MEDICAL E	VARAINED 🗆			DATE	E SIGNED
SIGNATURE	HAMM .	IVIC	world,		ASSISTANT MEDICAL E					
EXAMINER'S	Tohn M Mal		M.D.		DEPUTY MEDICAL			7 72	105	0
220 BURIAL COSMATIL	John T. Mal		22c. NAME OF CEMET	TERV OR 1			- 27			
Burial	4/17/5		Greenwo		-KEMATUKT		TION (City, town,	1		late) N. J.
23. FUNERAL DIRECTO		-	Bal tophibre		245 850	D BY REGIST	ckerton	STRAR'S SIGN		
			ville, Md.	AVE.		R 1 5 '5				
F. Gasch'	s Sons Hy	acts'	ATTTE LIGH		DATER	W 1 2 2	Civi	ing & to	based	

YS. A15ME(5) 5M 9/55



VS A15 (4) 15M 10/57 H

I

ZERO CERTIFICATE OF DEATH

04683

<u> </u>		5000									Reg. Dist.	No.		
1,	PLACE OF DEATH				2	. USUAL RESID	DENCE (Wh	ere decease			: Residence	before a	dmission)	
	o. COUNTY P.	MARYL	AND	o STATE	farvle	nd	ь. сс	YTMUC	Prince	a Ga	Orgas			
Г	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 18					mary land Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
ı	Cheverly	orest lown)		10 days		" Wrett	svill							
卜		AL (If not in hospital,	give street			d STREET A						e. I	S RESIDEN	CE M?
4	Prince Geo	rges Gener	al Ho	spital		5312 0	hesar	enke	Stree			Y	ES NO	5
3.	NAME OF DECEASED	Fi	rst tar	Middle		los	ŀ	4. DATE OF		Month		Doy	Yeor	
	(Type or print)	Mary	Catl	herine	Matt:	hews		DEATH	An	ci l	24		19	59
5.	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIEL	D 8. 1	DATE OF BIRTH	Н		9. AGE (In		FUNDER 1			
	Female	White	WIDOWI	ED TO DIVORCED		10/15/	78		80	yrs.	Months D	oys H	ours : M	lin
10	o. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11 BIRTHPL	ACE (Stole	or foreign c	ountry)		12 CITIZ	EN OF V	HAT COU	NTRY
	Housewife	ing me, even in remed	'	None		Me	rvlan	d			Un	ted	Stat	- 6
13	FATHER'S NAME					14. MOTHER'S								E4 Fil
L	¥	illiam Ro	bey			Bla	anch l	E.	?					
15		R IN U. S. ARMED FOI		SOCIAL SECURITY NO	17 INFO	DRMANT				Addres	55			
Ĺ	No			None	El	izabeth	Broo	lce	Dane	hter	AAA	PARG	Same	
F	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]													
1	PART I. DEATH WAS CAUSED BY. I celision asy limbales left. GINSET AND DEATH													
	//20.0 DUE TO													
	Condition if any which?													
ı	gove rise to it	gove rise to immediate									-			
	couse (o), stating the <u>under-</u> lying couse lost.													
Ž	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY													
CERTIFICATION												F	ERFORMED	77
RTIF	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRED (Enter noture of	f injury in F	ort I or Par	t II of elem	1B)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER												
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye			20e. PLACE	OF INJURY (I	Home, form	, 20f (City	or town)		(Co	unly)	(S	tote)
MED	p. m.	19	While at worl	Not while	122.07	,,,	. Diag , elei							
	21. I certify th	at I attended the	deceas	ed fram		, 19	. ta			9	that I la	st saw	the deci	easec
П	alive an Apr	il 24	. 19	59 , and that (death a									
		1/1/25							treet, city or			, data	DATE S	
	ACTUAL SIGNATURE	17 K. Ja.	v ?	1111	M.[2 57	3 15 cc	tlele.	1/2 1/1	(,			1/23] ,
	PHYSICIAN'S NAME (Type)	Dr. R.D	.B.A	with		7 min vito - pr villa vito - tare vito	Rom	1	1.); : 4(
22	BURIAL, CREMATIO			22c. NAME OF CEME					TION (City,				(State)	
	Burial"	4/28/5		Ft. Li		1			mar l	Mano	or,	1	Md.	
1 -	FUNERAL DIRECTOR			Baltimore A			24a, REC'I	R 2 7	IRAR 24b	REGIST	RAR'S SIGN	ATURE		
I	. Gasch's	Sons F	vatts	ville. Md.			DATE AP	RALS	13	المادي	source D. 7	Alville		



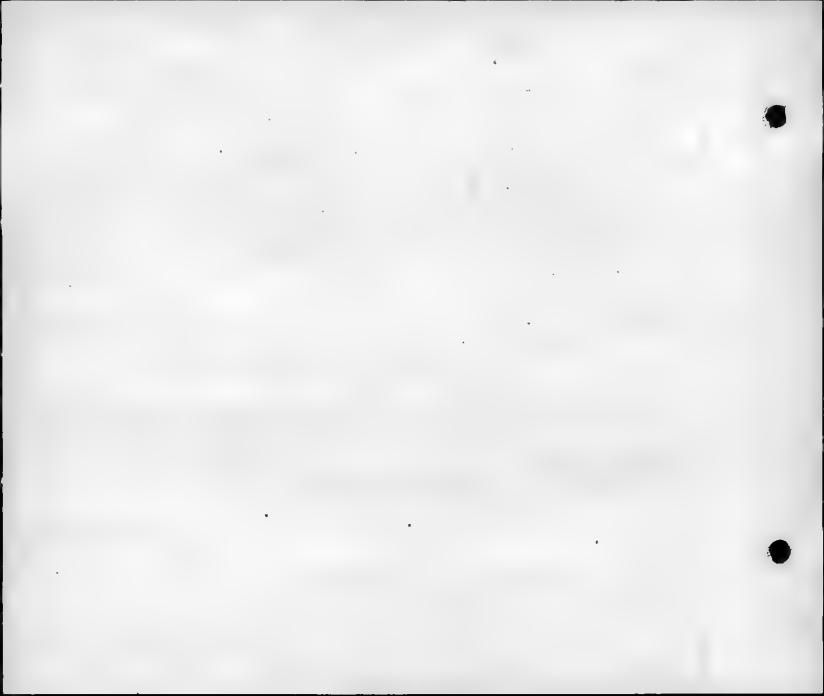
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a	

CERTIFICATE OF DEATH

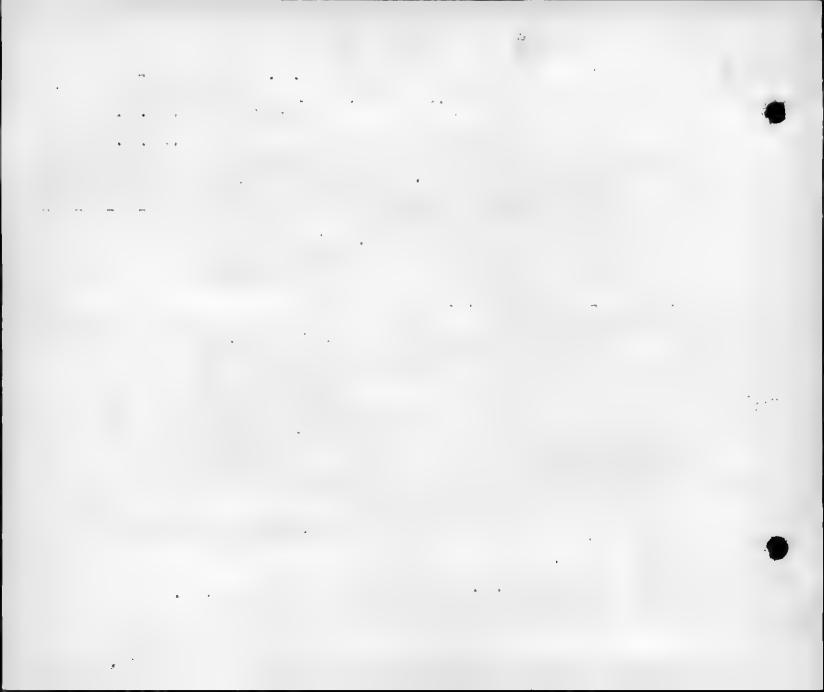
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leo.	Dist	Ň	J.	0	T

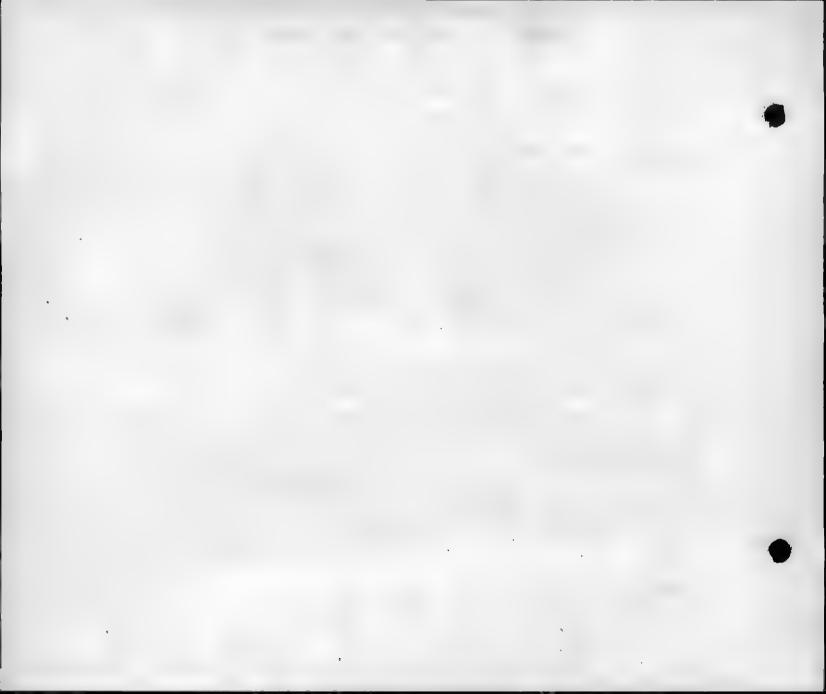
	1. PLACE OF DEATH COUNTY Prince Georges	MARYLAND O STATE	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b. COUNTY Maryland Prince Georges						
		TH OF STAY IN 16	Hyattsville,						
7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince Georges General	d. STREET ADD	d. STREET ADDRESS Li310 Jefferson St., YES						
	3. NAME OF First DECEASED (Type or print) Francis P. McAu	Middle Lost	4. DATE Month OF DEATH April 2	6 19 59					
	5. SEX 6. COLOR OR RACE 7 MARRIED M NEW		9 AGE (In years IF UND	ER 1 YEAR IF UNDER 24 HRS Days Hours Min.					
	10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8 during most of working life given if retired) 13 FAITHER'S NAME 13 FAITHER'S NAME	BUSINESS OR INDUSTRY IT BIRTHPLACE	andolph Mass	CITIZEN OF WHAT COUNTRY?					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	uley							
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (t) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. (c)	INTERVAL BETWEEN ONSET AND DEATH 3 yr.							
y' .	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW OR CONTRIBUTING [] CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER]	Y INJURY OCCURRED (Enter noture of in		ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
	Continue of Injury Month, Day, Year 20d. Injury OCC Hour o.m. 19 While of work of work of work 19 Oct work 19	while factory, street, office bi	1	(County) (Stote)					
	21. I certify that I attended the deceased from Apre 25, 1959, to Apre 26, 1959, that I lost saw the deceased alive on Apre 26, 1959, and that death accurred at 5:00P.M, from the causes and on the date stated above. ACTUAL SIGNATURE M.D. J. W. J.								
1	PHYSICIAN'S R.D. BALLEY, M.D.	·	Say the 11111						
7	220 BURIAL, CREMATION, 22b, DATE THEREOF 22c NAM REMOVAL (Specify) 4/2 9/59 For 23. FUNERAL DIRECTOR'S SIGNATURE ADDR	ME OF CEMETERY OR CREMATORY LICOLUM RESSEL RELIGION 24	22d LOCATION (City, town, or county Colman M a REC'D BY REGISTRAR 24b, REGISTRAR'S	anor md.					
1	Kalley's Funeral Home	mdo o	AMAY 4 '59 Chilling &						

VS A15 (4) 15M 10/57



HOSFITAL

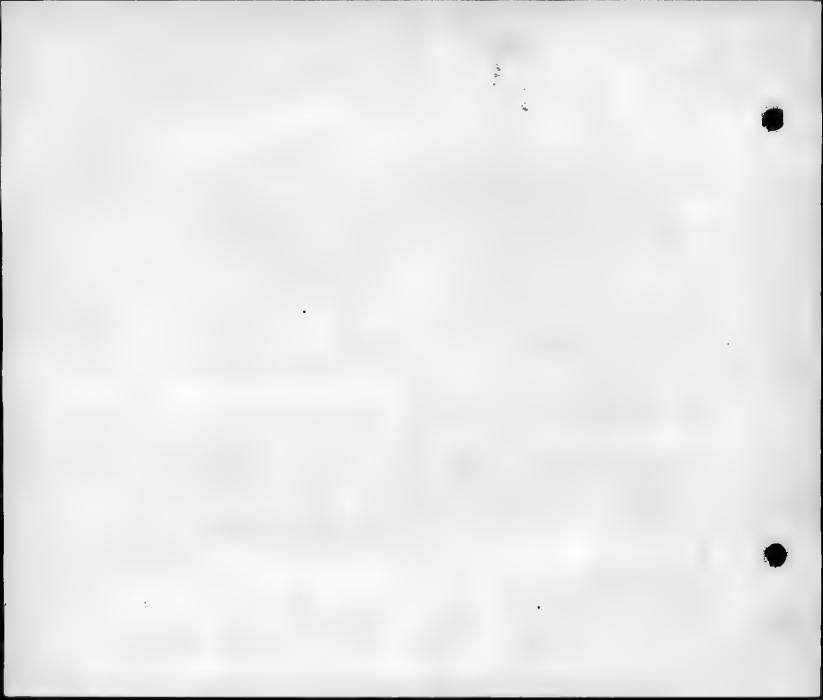




1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	4645 CERTIFICATE OF DEATH (14687)
director filed with	1 PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) D. COUNTY MARYLAND
Iter death.	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A TAN LE A Y S d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
in by	NYATTSVILLE CONVELESCENT + REST Home 3312 Bowen ST. N. W YES NOE
n 24 h filled i ges 1 o	3 NAME OF DECEASED (Type or print) First Middle Lost 4. DATE Month Day Year OF DEATH Apyil 23 195
with the second	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED H/15/1879 9. AGE (In years last birthday) Months Days Hours Min.
e executed ond compl bon paper ir death.	100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Acuseus Fe. 12. CITIZEN OF WHAT COUNT Wash, D.C.
icion e e corb	Julius E. Juggemann un Known
ng phys e remov 72 hour	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Robert C. Beall-6315 Seabrock Rd.
he death attendi	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) 2.12 IMMEDIATE CAUSE (o) REPLY REP
es that to d by the mit. The any ever	Conditions, if ony, which) (b) generalized arteriosclerosia
require	gove rise to immediate couse (a), stating the under-lying couse last. DUE TO (c) (c)
physicii physicii hos beer riol-tron noval, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
FAN: T ending ficote I the bu	ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
PHYSIC of ar off this certi r use as emation	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not white at work at work at work at work at work.
ADING Phospite After Ched fo	21. 1 certify that I attended the deceased from Journey, 1952, to Africa, 1957, that I last saw the deceased alive on Annual 1957, and that death occurred of 1957. M, from the couses and on the date stated abo
OR ATTER	ACTUAL SIGNATURE M.D. 905 Sheridan IT 4/13/5
OSPITAL O	PHYSICIAN'S ARNOLD A. LEAR Systemale hed.
王 5 正 5 8	226. BURIAL CREMATION, 22b DATE THEREOF 4/27/59 22c. NAME OF CEMETERY OR CREMATORY Arlington National Arlington Va.
VS A15 (4) 15M 9/SS	23. FUNERAL DIRECTOR'S SIGNATURE 4739 BEPATEMORE Ave. 240 RECUBBY REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. 240 RECUBBY REGISTRAR'S SIGNATURE DATE

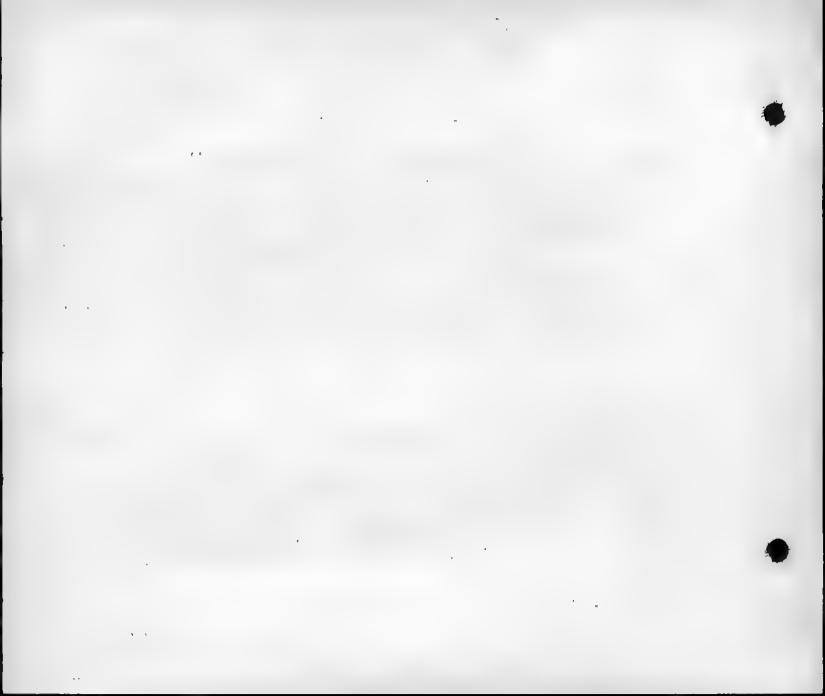


FOR STA			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH D	EPI.	1, 8	PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a STATE of the COUNTY Post of the Coun
File Hee		L	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown)
rs necession of the second during the second dur	74		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Private Grant of Trondital. October Hoppin Boad of Section Hopping Boad of Section Hopping Boad of Section Hopping Boad
the function of the State of th			NAME OF First Middle Lost 4 DATE Month Day Year OF Type or print) William Toomand Lawre DEATH To 19
fit. If or and 3 to 5 may b 2 with hours of		5. \$	Tolore 7 WIDOWED DIVORCED Octobar 73, 792 on birthogy yes. Manths Days Hours Min.
Foge 1 ond Prin 72 Prin 72		٥	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country)
aurs of Pages in PM3.			FATHER'S NAME 14. MOTHER'S MAIDEN NAME 151 dechoth Tag Drooton
hin 241	I		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT To a subtroom) If you, give war or dobs of service) To a h 30 N N N N N N N N N N N N N N N N N N
executed wit			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Conditions If Annual Control of Cause (c) and Cause
hauld be in perx niner's O a burial			Canditions, if any, which gove rise to immediate couse [0], stating the underlying cause lost. (b) DUE TO (c)
ificate si pending col Exar used as	1	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
ward " ward " ef Medi auld be			20a EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 1) of item 18)
ring the Chi ge 3 sh		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d, INJURY OCCURRED While at work at work at work 19 20d, INJURY Home, form, foctory, street, office bidg, etc.)
EXAM G. Write Ed to DR: Po			21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection Inquiry, and in my apinion death resulted fram: Natural couses, Accident, Suicide, Hamicide, Undetermined manner
AEDICA cert's for DIREC			ACTUAL SIGNATURE . DATE SIGNED ASSISTANT MEDICAL EXAMINER .
cute the authorized be NERAL	2	270	EXAMINER'S DEPUTY MEDICAL EXAMINER
10 br			REGISTRAL CREMATION (210, sown, or county) REGISTRAL (SIGNATION (City, sown, or county) REGISTRAL (SIGNATURE) REGISTRAL SIGNATURE ADDRESS 240 REC'D BY REGISTRAL SIGNATURE
VS A15ME 5M 2/57		7	Hunt Then Home, Haldorf, Med - DAAPR 1 3 '59 Cirlan S. Thomas

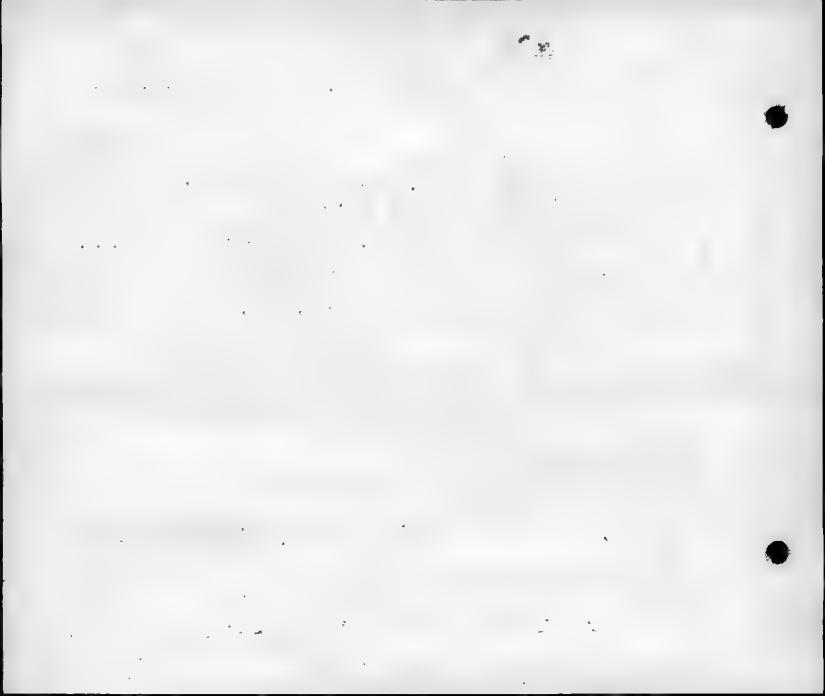


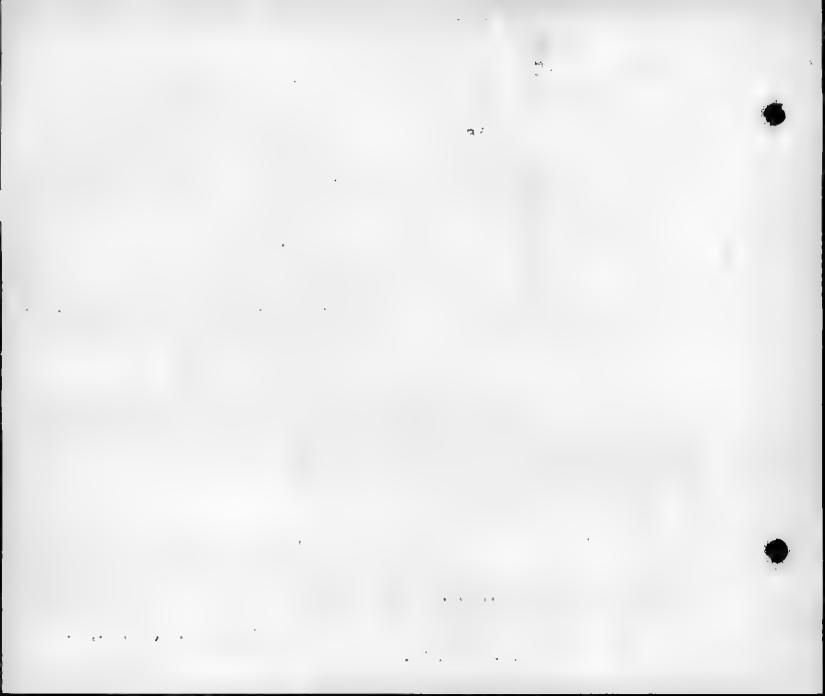
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased fixed If institution. Residence before admission) p. COUNTY a. STATE **b. COUNTY** MARYLAND Prince Georges Marry bad Prima after death; b CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give represt town) Chever's

d. NAME OF HÖSPITAL (If not in hospital, give street oddress)
OR INSTITUTION 19 Dave Riverdale d. STREET ADDRESS e. IS RESIDENCE YES NO T Prince George Ceneral Longfellow St. NAME OF First 4. DATE Manth Year DECEASED (Type or print) DEATH 19 Amos Norton April 6. COLOR OR RACE 7- MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HR lost birthdoy) Months Days Hours DIVORCED [WIDOWED ... YES 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. 81RTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of wasking life, even if retired) Parpenter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME IN U.S. ARMED FORCES? 17. INFORMANT SOCIAL SECURITY NO. Address 1 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). MITERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MIDE ax deal IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? cery aris YES 🙉 NO 🖺 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enternature of injury in Part III of item 18)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour a m. While Not white p. m. of work of work 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at 6:15PM, from the causes and an the date stated above. ative an ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr. Max Herriero 22b DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMEJERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) O FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D 8Y REGISTRAR 24b REGISTRAR'S SIGNATURE LOATE MAY 4 VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 4684 Reg. Dist. No. director, iled with PLACE OF DEATH OF GOORGE 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1 a. STATE **b.** COUNTY MARYLAND Ma c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Chapel Caks d. NAME OF HOSPITAL (If not in hospital, give street address) 5628 Addison Road e. IS RESIDENCE OR INSTITUTION ON A FARM YES TO NO Prince George General H conite NAME OF Middle 4. DATE Lost Year DECEASED DEATH (Type or print) Apr. 3 19 John Male Sant of Sirth AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months DIVORCED [25 WIDOWED [yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? guring most of warking life, even if retired) Kitchen of Hosp. Laborer South Carolina U-S-A-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Foster Perry Lillie Harrison IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mary Brown. Aunt CAUSE OF DEATH [Enter only one cause per line for (b), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) that DUE TO ģ any Conditions, if any, which gned gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INTURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. While Nat while at work at wark p. m. 21. I certify that I ottended the deceased from Jan 7, 19.59, ta Apr 3, 19.59, that I last saw the deceased Apr.3 and that death accurred of 8 P M, from the causes and on the date stated above. alive on ADDRESS (Street, city, or town, DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22d LOCATION (City, town, or county) 220. BURAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY page REMOVAL (Specify) O FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S. **STGNATURE** VS A15 (4) 1SM 10/57



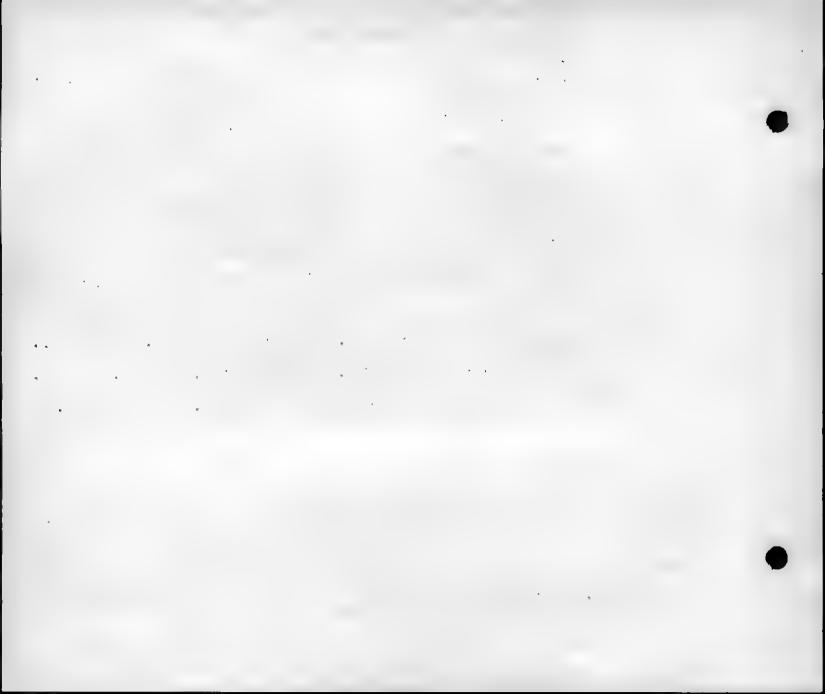


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n 24 havrs after death: Page 4 iiled in by 1 neral directar, les I and 2 should be filed with	T (M)
TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the demit certificate be executed within 24 havrs after death: Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR RESERVED IN SECULIAR AND SECULIAR	r within 72 hours after death.
HYSICIAN: The faw requires that the or altending physician. Is certificate has been signed by the use as the burial-transit. The	he registrar priar ta burial, crematian, ar remaval, anofin any eyent within 72 haurs after death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw req may be retained by the hospital or altending physician. TO FUNERAL DIRE. R: After this certificate has been six page 3 should be winached far use as the burial-transity.	the registrar prior to burial, cre

4728 CERTIFICATE OF DEATH

()4692 Reg. Dist. No.

	o. COUNTY Prince georges MARYLAND	o. STATE Hard and b. COUNTY Price George
	b CITY OR TOWN (If outside corporate limits, write of c. LENGTH OF STAY IN 16 RURAL and give nearest town) 1.3 yaddiwyy Key Sulfa Gran	c. CITY OR TOWN (It outside corporate limits, write RUSAL and give negrest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	2466 - 53 Hrenne e. Is residence on a farm?
Ĺ	OFCEASED (Type or print) HEMRY COILIZON	PCott DEATH 4. DAYE Month Day Year 4. DEATH 4 19.59
5.	SEX M 6 COLOR OR BACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
1	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRESS OF COUNTY OF BUSINESS OF INDUSTRESS OF INDUSTRES	11. BIRTHPLACE (State or foreign country) Moverate iloram NC USA
13.	Rudulph Plot	14. MOTHER'S MAIDEN NAME
15 Y-	WAS DECEASED EVER IN U. B. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFO (19x, no. or unknown) 18 yes, give wor or doles of service) 19 35-35-34- 4	na Swiency Bradeun Herghil
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Output Conditions, if ony, which gove rise to immediate couse (a), stating the under-	
	lying couse lost.) (c) Coronary Arteriosc	lerotic Heart Disease. years.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	· ·	Enter nature of injury in Part I ar Port II of item 18.)
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. PLACE 40. While 50 work 5	OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) y, street, office bldg., etc.)
	21. I certify that I attended the deceased from 12.17 callive an 1.12.24, and that death of ACTUAL SIGNATURE SIGNATURE	19. 19. 10. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
	PHYSICIAN'S NAME (Type) Dr. Peter Duus	Capital Heights P.4 Hd.
L	6. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CEMETERY OF COLLINGTON	REMATORY 22d. LOCATION (City, town, or county) (State) Note: Calcuration Va
23.	Summons Prio 1661- adoress Hope	Ref SE 240. REC'D BY REGISTRAR 246 LÆEGISTRAR'S SIGNATURE DATE APR 7 '59 Childy S. Hama



OR STATE HEALTH DEPT.

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TE DEFLOT MEDICAL EXEMPLER: This certificate should be examined within the heurs after death. If any delay is necessary, please execute the certifier, writing the word "pending" in pendi in Item 18. Give Pages 1. 2, and 3 to the funeral divers. Page 4 should be far.

A should be far.

To funeRal Director: Page 3 should be used as a backet waste in the pages 1 and 2 with the little Baar of Health, at its designated agent, prior to barial, cremation, are remained to the little pages.

VS. AISME

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 468 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Police		

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1	PLACE OF DEATH o. COUNTY	rince Geor	rges	MARYL	O STATE	'	Vhere deceased I	b COUN		before admission)		
)	b. CITY OR TOWN (II outside corporate limits, write BURAL ord give nagrest fown) Cheverly 2 hre				16 c. CITY C	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Georges General Hospital					ADDRESS				e IS RESIDENCE ON A FARM? YES NO		
3	DECEASED (Type or print)	Ruth			Podesta	nei	4 DATE OF DEATH	April	9,	19 59		
1	s sex Female	6 COLOR OR RACE	7 MARRIE	DIVORCED	8. DATE OF BIR	™ 50 19 0	9. /	158 (In years by 158 (In years)	Manths Da	FAR 1F UNDER 24 HES		
1	during most of working Housevel	ON (Give kind of work o life, even if retired) . 6	dane 10b, K	(IND OF BUSINESS OR IN		Floric	_	η)		N OF WHAT COUNTRY?		
1	3. FATHER'S NAME WHIT	lam Carlos	Stok	es	14, MOTHER	-	ah Duna	Hickm	en	V		
(Yas, no. Stunknown)	ER IN U.S. ARMED Fo		SOCIAL SECURITY NO.	Alma Uch	ini;	Decatur	Heigh		yland		
		18 CAUSE OF DEATH [Enter only one couse per line for (0), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ON Acute congestive heart failure.										
	Conditions, if o gove rise to immer (a), stating the couse lost.	ny, which gradiote couse DUE TO)))	Grdiovescul								
		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? YES \(\text{NO.} \) NO.								PERFORMED?		
	- 1	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port II of them 18.)										
	20c. TIME OF INJU	RY Month, Day, Yo	While		PLACE OF INJURY factory, street, offs			lown)	(County	(State)		
	21. I certify II	nat I taok chorg	e of the r	remains described	obove, held o	n Autops	y 🔲, Insp	ection 🔀	, Inquiry	, and in my		
	opinian death											
,	EXAMINER'S NAME (Tyles	John T. Ma		Article Amile	DEPUT		AL EXAMINER	Ap	ril 9,	1959		
r հ	120. BURIAL, CREMATIC REMOVAL (Specify) INSPORTATIO	n April		59 Brook			New Y	ork		(Stole)		
2	F Gasch's		attsv	ille Md.			D BY REGISTRAR		listrar's signa			

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 10/57

may be retained by the haspital or oftending physician.

TO FUNERAL DIRE

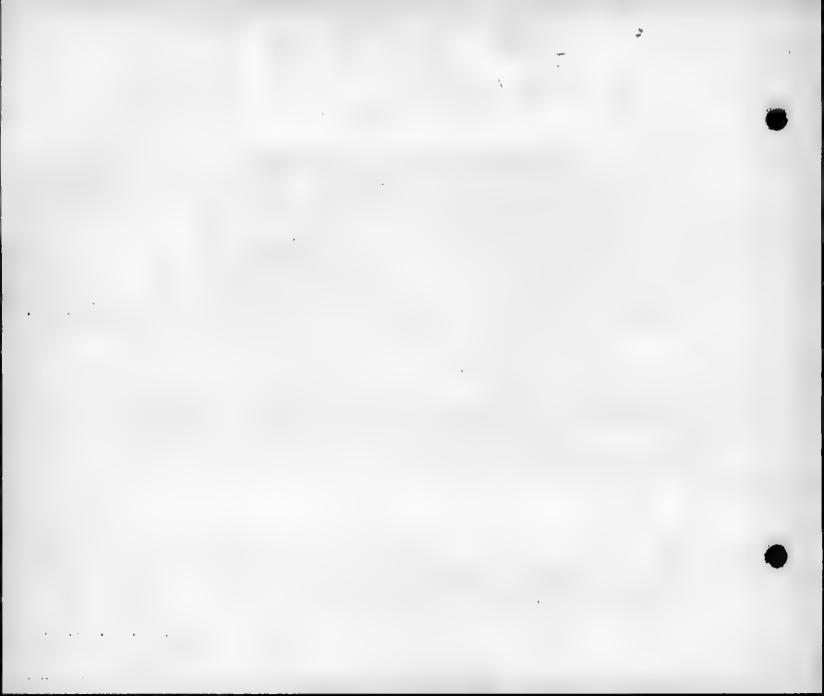
T. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be exacted for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be exacted for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be burial, cremotion, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1,697

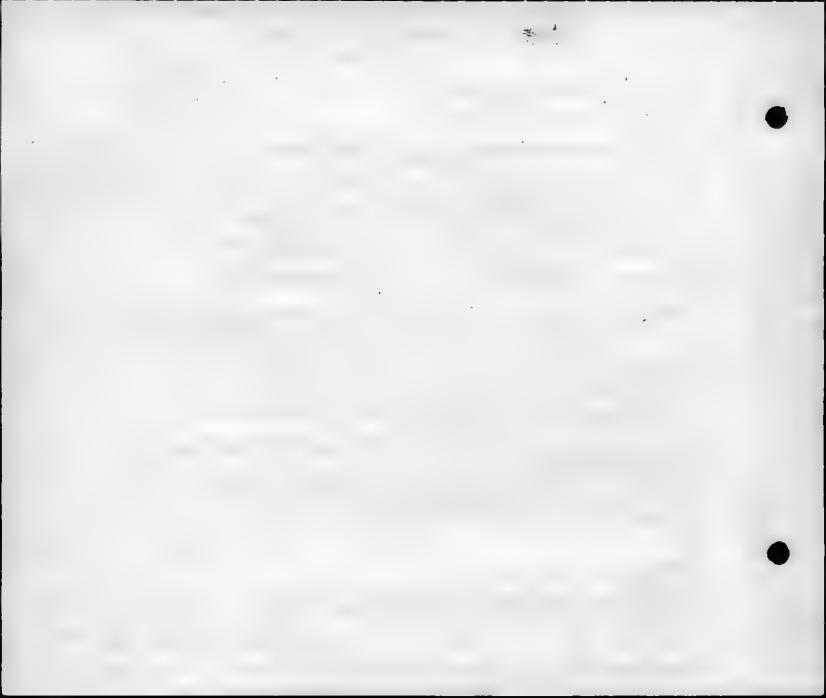
CERTIFICATE OF DEATH

04694

2001				Keg. List, No.				
1. PLACE-OF DEATH, 0 COUNTY 36	MARYLAND	2, USUAL RESIDENCE (Who	re deceased lived. If institution b. COUNTY	n Residence before admission)				
Prince Georges Constal	MARTLAND	Maryland		Prince Georges				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	itside corporate limits, write RU	IRAL and give nearest town)				
Cheverly	DOA	Chaverly						
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION.	ddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
Prince Georges General		5453 Madi	son Way	YES NO 🔼				
3. NAME OF First DECEASED	Middle	Lost	4. DATE Mont	Day Year				
(Type or print) Clarence	Elmer Po	lhamus	DEATH Apri	1 17 19 59				
5. SEX 6. COLOR OR RACE 7 MARRIE	ED 📆 NEVER MARRIED 🔲	8. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER I YEAR IF UNDER 24 HRS				
Male White WIDOWE	DIVORCED [June 1st, 189	6 62 yrs	Months Days Hours Min.				
100 USUAL OCCUPATION (Give kind of work done 10b. K Might Custodian High	tind of Business or Industry Ch School	Modena, N	r foreign country) • Y •	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N						
William Polhamus		Martha S	cheomaker					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S	OCIAL SECURITY NO. 17. 1	NFORMANT	Addre	Man Wandeland				
[Yez. pp or unknown) Ill year proper at dotes of service)	Jnknown Fr	ances C. Poln	amus, 5455 mag	ison Way, Hyattsvi P.O.Md.				
1B. CAUSE OF DEATH [Enter only one couse per line	e for (o), (b), and (c).)		^ ^ -	INTERVAL BETWEEN				
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	cute In	your andi	al lular	ONSET AND DEATH				
4-20.0 DUE TO	0'	1	100					
Conditions if any outside \	sterios ch	erater. De	and disciplination	1 1082 2				
gove rise to immediate (
lying couse last.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO IT								
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of item 18.)					
	1	ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f (City or town)	(County) (State)				
Hour o. m. p. m. 19 While of work	LAMI MUHIS							
21. I certify that I attended the deceased from 2/9/. 1952 to 4//7, 1954 that I last saw the deceased from 2/9/								
alive on 4//7/ 19 5	my'	occurred at 6 155		nd on the date stated above.				
s C S			DDRESS (Street, city or town, s					
ACTUAL SIGNATURE		MO. 4410)	4 - an	- 4/12/13				
PHYSICIAN'S F.F. MUSS	· er	Ferd	ericalfa	ils , md,				
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d. LOCATION (City town, or	***				
Burial 4/21/1959	Fort Lincoln		Colmar Manor,	Pr.Geo.Co., Md.				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS RIVERS	3 1= Md, 240. REC'D		TRAR'S SIGNATURE				
WW Min have	attai Classil	d a ADR	21 150 (7.7)	a 9 46				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 046954646 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTYa STATE b. COUNTY MARYLAND death. b. CITY OR JOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 pe c. CITY OR TOWN My outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) after d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE **OR INSTITUTION** ON A FARM? 029 YES NO ! NAME OF Middle DATE Last Month Day Year DECEASED (Type or print) DEATH 190 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE 8. DATE OF BIRTH lost bighday) Months Days Hours Min. DIVORCED [WIDOWEDT yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? decing grow of working life, even if retired ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OSEP 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. CE221-6914. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 4 PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Then DUE TO à permit, in any Canditians, if any, which (b) been signed gave rise to immediate **DUE TO** cause (a), stating the underand lying cause last. burial-transit PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. fi. foctory, street, affice bldg., etc.) While Not white at wark at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE pluods PHYSICIAN'S NAME (Type) TO FUNE 220. BURIAL, CREMATIONS 22c. NAME OF GEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) pode 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE



MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please	1			T'STH	3
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ER: 7	3 ihe	Ğ.	3 %	r to	
AMIN	wiling	to the	Poge	prio	
EX.	Ď		1. DIRICOLE: Page 3 shauld be exed as a burial-transit permit. File pages 1 and 2 with the State Boa Health. 17 20	gnated agent, prior to burial, cremation, or removal, and in asy-event within 72 hours ofter death.	
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deligated lived if institution Residence before admission) e. COUNTY COUNTY MARYLAND b. CITY OR TOWN LENGTH OF STAY IN 16 de carporpte limits, write RURAL and give nearest nown) STREET A DORES NAME OF Middle DATE DECEASED OF DEATH (Type or print) 5. SEX MARRIED NEVER MARRIED 9. AGE (In lears IF UNDER TYEAR Months WIDOWED [7] DIVORCED USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY fund foot of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME MOTHER S 14. SOCIAL SECURITY NO. 17. INFORMAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DHE TO Conditions, if any, which gave rise to immediate cause! **DUE TO** (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 20g, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or fown) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour While Nat while é. m. at work at work p m. 21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection to opinion death resulted from: Natural causes [4]. Accident | Suicide . Hamicide [], Undetermined manner **ACTUAL** CHIEF MEDICAL EXAMINER M.D. SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER** 4 should O FUNERA or its desi NAME (Type DEPUTY MEDICAL EXAMINER 226 DATE THEREOF 22d. LOCATION (City, lown, for county 0 23. FUNERAL DIRECTOR'S SIGNATURE 240/REC'D BY REGISTRARS 246. REGISTAAR VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IS RESIDENCE ON A FARM? YES NO

Year

AAin

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO I

> > (State)

and in my

DATE SIGNED

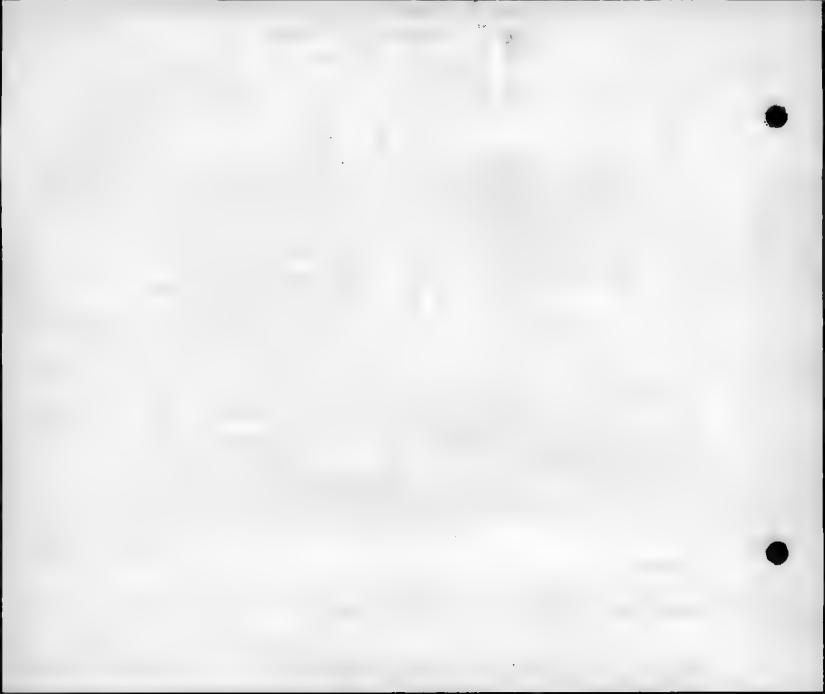
(State)

Days

(County)



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3€ λ		4728 CERTIFICATE OF DEATH () 4 6 9 7 Reg. Dist. No.
director with	1	PLACE OF DEATH PRINCE GEORGE MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE DIST. OF b. COUNTY O. STATE DIST. OF b. COUNTY
d be f		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CT (ENA) DA (E 3VRS, 10MoS WAJH N GTON 47
12 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		d NAME OF HOSPITAL (If not in hospital, give street address) OPHINSTITUTION. ON A FARM? ON A FARM? ON DALE HOSP 33 FENTON PL. N.L. VES NO DE
es I one		NAME OF DECEASED (Type or print) ED WARD PORT OF DEATH 4. DATE OF DEATH 18 19 55
XX O	5.	
n paper death.	10a	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State ar foreign country) 12 CITIZEN OF WHAT COUNTRY during mast of working life, even if retired) 13 CITIZEN OF WHAT COUNTRY 14 DIST. OF COUMBIA U.S.
ician on e carba	13.	FATHER'S NAME CHARLES ROBINSON JENNIE FOSTER
ng physic remave 72 haurs	15. I ^{Ye}	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Line of unityone) On the property of the prope
attendii n please t within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. PART I. DEATH WAS CAUSED BY. PART I. DEATH WAS CAUSED BY. ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
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ng physical properties of the physical properties of the physical	CERTIFICATION	FULM, FIBROSIS + EMPHYSENAL COR PULMONALE YES X NOT
artificat as the land, ar		OR CONTRIBUTING CE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ital ar this ce ar use remati	MEDICAL	Hour o. m. 19 of work
he hasp R. After ached fo		21. I certify that I offended the deceased from 6 19 1, to 7 1, that I last saw the deceased alive on 19 1, and that death occurred of 5 PM, from the causes and on the date stated above.
ior to		ADDRESS (Sireet, city or lown, stote) ADDRESS (Sireet, city or lown, stote) DATE SIGNED M.D. GIENN DALE HOSP, 4/19/5
NERAL DI JNERAL DI JNERAL DI J 3 shauld registrar pi		PHYSICIAN'S MOE WEISS, M.D. GLEWN DALE, MD.
and per	220	REMOVAL (Specify) 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) Woodlawn Cemetery Washington, D. C.
YS A15 (4) 15M 10/57	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	1	m.C. mcenties)

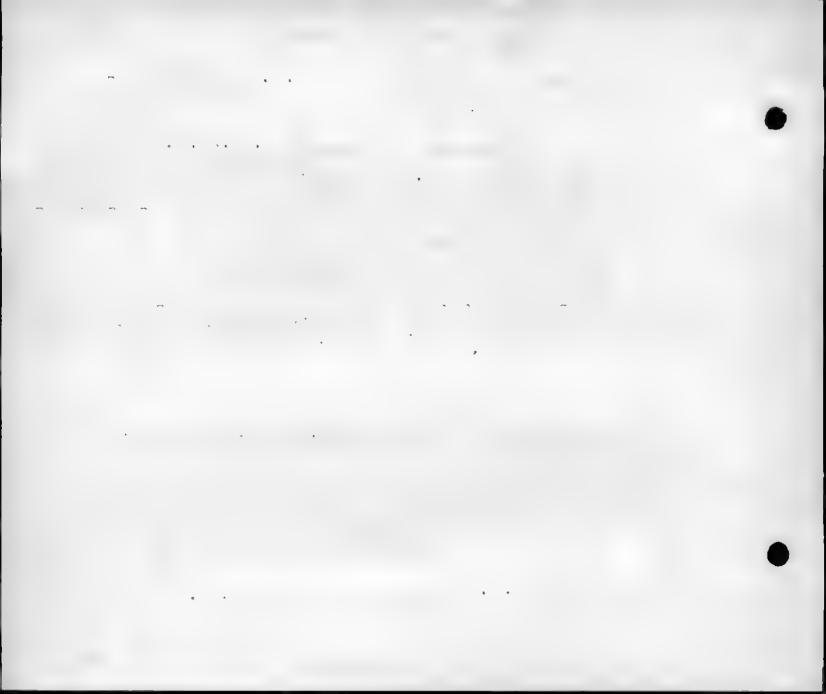


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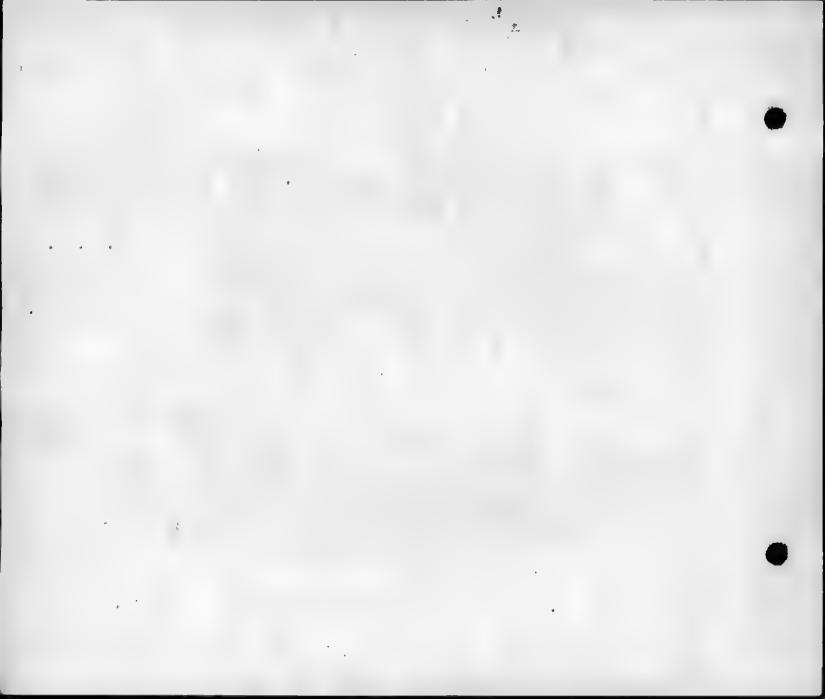
CERTIFICATE OF DEATH

1)4698 Reg. Dist. No.

	⊢			- V						MAR' DIST	1. 140.	
		COUNTY Pri	nce George	5	MARYLAND	2.	USUAL RESIDENCE (WO. STATE		d lived If institut b. COUNTY		e before odmi	ssion)
			outside corporate timil		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)					m)	
		Glenn Dal	in Dale (rural) 8 days				Was	hingto	n	47 X	(.3	V
		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d STREET ADDRESS e 15 RESIDENCE ON A FARM?						
		<u> Glen</u>	n Dale Hos	<u>pital</u>			454	K. St	N. W.			NO 📑
		3. NAME OF First DECEASED		Middle		Last	4. BATE OF	Mo	nih	Day	Yeor	
	<u> </u>	(Type or print)	No		0.		Roeser	DEATH		4	24	1959
	5. 5	SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (in years lost birthday)		DOYS HOURS	
		Male	White	WIDOWE			2/2/03		56 yrs.		- Hours	Min.
	100	 USUAL OCCUPATIO during most of working 	N (Give kind of work d ng life, even if retired)	lone 10b.	KIND OF BUSINESS OR INDU	JSTRY	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					
1	L_	Laborer					Oklahoma USA					
/	13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAME						
		Peter R					Fannie We	llingt				
	15, {Yes	i, na ar unknawn) [1	IN U. S. ARMED FORG	rvice)		INFO	RMANT		Add	fress		
			<u> 1942 – 194</u> ։		79-12-2556	De	ecedent	<u></u>		-		
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Bronchogenic carcinoma, left lung, INTERVAL BETWEEN ONSET AND DEATH										
		I will be implicated with metastasis to liver, honv skeleton, and lymph 2 months										
		DUE TO nodes.										
		Conditions, if ony, which (b)										
		couse (o), stoting the under-										
	_	lying couse lost. (c)										
7	OIT.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PEPFORMED?										
	5	Pulmonary tuberculosis; right upper lobectomy, 1/22/59, for tuberculosis ves No []										
	MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Doy, Yea		4.	LACE	OF INJURY [Home, form street, office bldg., etc.	n, 20f. (City	or lown)	(Co	ounty)	(Stote)
	MEC	p. m.	19	White of work			arton, office diag., en	"/				
		21. I certify that I attended the deceased from 11/16 , 1958, to 11/21 , 1959, that I last saw the deceased										
		alive on 14/23										
			ADDRESS (Street, city or town, slate) DATE SIGNED									
		SIGNATURE WWW WWW MAN					M.D. Glenn Dale Hospital 1/21/59					
/		PHYSICIAN'S	Moe Weiss,	M. D								
	22.	11770					********	ın Dale				
	240	REMOVAL (Specify)	, 226. DATE THEREO	100	22c NAME OF CEMETERY C				TION (City, Iown,	or county)	(Sto	re)
	22	FUNERAL DIRECTOR'S	SIGNATURE	27	ARLING TO	V		M F	1. /44	t R	Y K.	
	£3.	-711 7 1 /	SIGNATURE /	4.	1111101		N 4 240. REC	D BY REGIST	'SQ 246. REGI	istrar's sign		
		711	let B at 8 th on 1.	1 1	600 /1 /3 / La /2		/ / DATE	APR 4 0	00	The Land of	A	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4688 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE PLACE OF DEATH 2. USUAL RESIDENCE () Where deceased fived if institution Residence before odmiss on)
o. STATE MARY LAND
b. COUNTY Prince George s Prince George's o. STATE Maryland o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate fimils, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Dead on arrival d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 5 RESIDENCE ON A FARM? Route # YES NO IX Prince George's General Hospital 3. Box 644 Middle 4 DATE Υαάτ DECEASED (Type or print) April Runn Sr. DEATH 1959 Edward Thomas 6 COLOR OR RACE 7 MARRIED - NEVER MARRIED | 8 DATE OF BIRTH 9 AGE (In years 5 SEX FUNDER TYEAR IF UNDER 24 HRS Male White Months Days Hours WIDOWED [7] DIVORCED | February 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired New York U. S. A. Rigger 13. FATHER'S NAME PM3. 14. MOTHER'S MAIDEN NAME poges Mary Mitchell James Rynn form 115 WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17. INFORMANT Address Rt# 3 Box 594 (Yes on as unknown) (If yes, give wor or dates of service) Virginia Marie BrookesClinton, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (6) DUF TO Conditions, if ony, which; Cardiovascular zenal disezse gove rise to immediate couse DUE TO (a), stoling the underlying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e PLACE OF INJURY [Home, form, 20c. TIME OF INJURY Month, Doy, Year (Stote) 20f (City or fown) (County) factory, street, office bldg., etc.) Hour o.m. Whife Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry |ond in my Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER | shauld be EXAMENER! DEPUTY MEDICAL EXAMINER NAME (Type) April 21, 1959 James I. Boy 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION, 226. DATE THEREOF (Stole) REMOVAL (Specify) ò 0 ADDRESS 240. REC'D BY REGISTRAR 23. EUHNERAL DIRECTOR 246 REGISTRAR'S SIGNATURE VS A15ME arthur & House 5M 2757



		MAKTLAND STATE DEPARTMENT OF HEALTH-BALT	IMORE, 18
		4689 CERTIFICATE OF DEATH	04700
oge 4 rector, d with	1. [Reg. Dist. No.
dh.	Н	CITY OR TOWN (If outside corporate limits, write To LENGTH OF STAY IN 16 CITY OR TOWN It switch and	te limits, write RURAL and give nearest town)
de de		RURAL Open pearest towal & achn. 1-10-58 TAKOMA P	ARK 1511
by if		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTRUCTION AURER SANITARIUM 7121 WIRE	BOW AND IS RESIDENCE ON A FARM? YES NO NO
illed in	3.	NAME OF DECEASED Type or print) CATHERINE H. SAMUELS OF DEATH	Hours 3 19 50
d withir	5. 3	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE, OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR). Josephintholoy) Wonths Doys Hours Min.
executer of camp n poper death.	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign counduring most of working life, even if retired) ORMER HOUSE WIFE	12. CITIZEN OF WHAT COUNTRY?
on on on other		FATHER'S NAME DAVID HUGHES 14. MOTHER'S MAIDEN NAME ANN D	Avis
certificating physici	[Yes	WAS DECEASED EVERTIN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10. pr unknown; 11 yes, give war or dotes of vervice) 12 MM MM MMMMMMMMMMMMMMMMMMMMMMMMMMMMM	PANAZE SANITARIV
attendii please within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY.	INTERVAL BETWEEN OWET AND DEATH
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requi		tying cause lost.	
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Ficate h	CERTIFI	20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	of item IB.)
PHYSIC of or other certification, was on smooth	MEDICAL	20c. TIME OF INJURY Manth. Day, Year Haur a. n. 19 While Nat while at work of work of work of work 19 Nat while at work of work of work 19 Nat while at work of work 19 Nat while at work 19 Nat	r town) (County) (Stote)
aspite aspite of for all cre		21. I certify that I attended the deceased from	2
the h		alive on Apple 3, 19 5 4, and that death occurred at 10 MM, from the Appension of the Appen	the causes and on the date stated above. et, city or town, state) DATE SIGNED
OR AT ined by DIRE Id be prior to		ACTUAL FORM P. NUCLUM - M.D. Laurel S	ani Farmm 4-1-59
PITAL P retoir ERAL D I should Jistror p		PHYSICIAN'S ERIKA P. KRAEMER Lawel	Maryland
O HOS may b O FUN the reg	L	BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF PEMETERY OR CREMATORY 22d. IOCATIO PEMOVAL (Specify) Grall 1, 1959 Oak Kaun Century Balli	enore crunty Welligland
VS A15 (4) 15M 9/55	23. (2)	FUNEBAL DIRECTOR'S SIGNATURE ADDRESS L. WILLIAM WALTER, 254 CARRALLEL 2W 10 C DATE ADDR 6 150	- 0 011
(3M 7733	۳	1 out 101 6 .27	C - 100 25, 100 mm

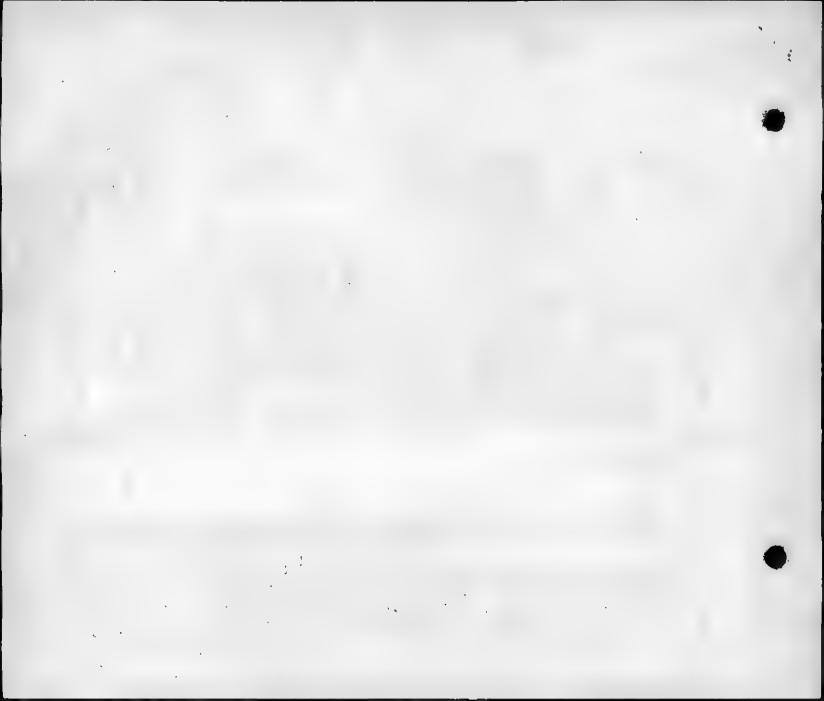


04701 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Washinglow ŝ death. b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest fown) VarTsuille d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE whhell YES NO F NAME OF Middle Yeor DECEASED (Type or print) 195 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH fast birthday) WIDOWED A 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) NORFOLK Va HOUSENIFU UNITED STATES 13 FATHER'S NAME Julia Paul Dr. Thomas Bryson Ward 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT 21 Hestith St. Mrs. Nancy Weir Chevy Chase. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 min. DUE TO Conditions, if any, which] gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19. WAS AUTOPS PERFORMED? YES 🗍 NO 🛱 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (Stole) factory, street, office bldg . etc.) While Not while at work of work Hour c. m 19 to Ufin 1/2, 1957, that I lost saw the deceased 21. I certify that I attended the deceased from... , 19.59, and that death occurred of £:0017 M, from the causes and on the date stated above. T. Alone ation my PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS

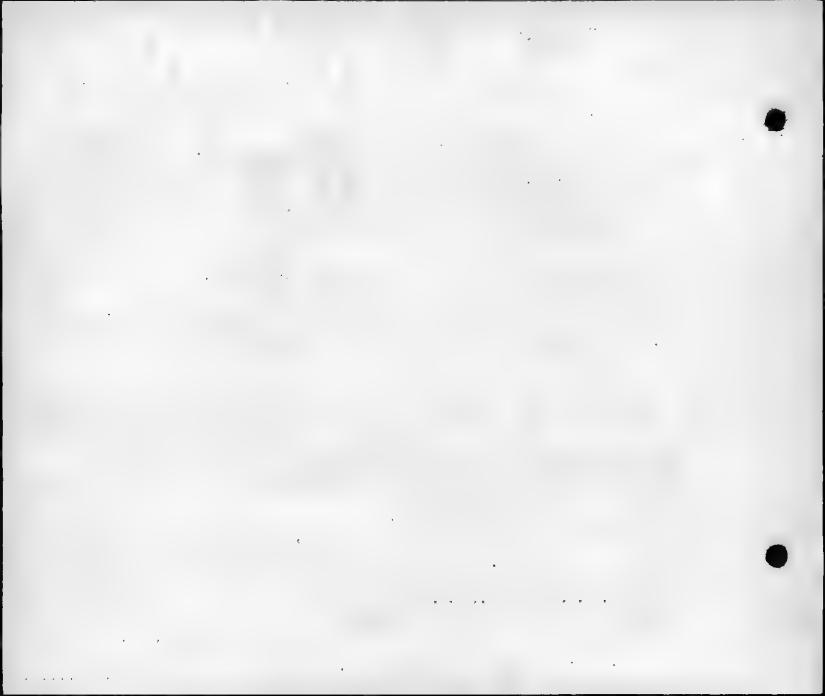
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH R STATE Rea. Dist. No. ALTH/DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If institution Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (If autside temperate limit c. CITY OR TOWN (if ous de corporate limits, write RURAL and give nearys) town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give A STREET ADDRESS e 15 RESIDENCE ON A FARM YES TO NO T 3, NAME OF 4. DATE Middle DECEASED **QF** DEATH (Type or print) 9. AGE (1) years 5. SEX 6. COLOR OR RACE MARRIED TO 8. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS NEVER MARRIEDAT Months Hours DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. PAPHER'S NAME **GOTHE** 15. WAS DECEASED EVER IN U. S. ARMED FORCES? PREDRIMANT (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and INTERVAL BETWEEN OMET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19, WAS AUTOPSY PERFORMED? NO F 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c, TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Not while 0.00 of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [F] Inquiry 10 and in my opinion death resulted from: Natural causes 14. Accident ... Suicide . Hamicide . Undetermined manner **DATE SIGNED** ACTUAÌ M.D. CHIEF MEDICAL EXAMINER 00 SIGNATU 22d_LOCATION (City, low), or county ADDRESS 24a. REC'D BY REGISTRAN 246. REGISTRAR'S SIGNATURE A15ME Orthog & town



that the



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04705 **CERTIFICATE OF DEATH** 4731 Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY filed **b.** COUNTY MARYLAND rince George Maryland Prince George b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Maryland Maryland Park Park d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 65th St. 302 65th St. YES NO THE NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) Leonie M. DEATH April Shepherd 19599 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS lost birthdoy) Months Days Female White WIDOWED A DIVORCED [7] Sept. 27. 1902 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Scotland Nurse U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nul Grant 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Flora N. Harpine 302 65th St. Md. Park 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 420.0 DUE TO ARTENIS JELGUEDO HEART GIERRE Canditians, if any, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 10 CANDIAT INFREETIMS - 3N4 NOW YES X NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour a. ft. factory, street, affice bldg., etc.) Not while of wark of wark 21. I certify that I attended the deceased from 19____that I last saw the deceased M. fram the causes and on the date stated above. and that death occurred at... ACTUAL prior FUNERAL DIRE PHIVSTCEARCS NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Cedar Hill Cemetery Prince George

ADDRESS

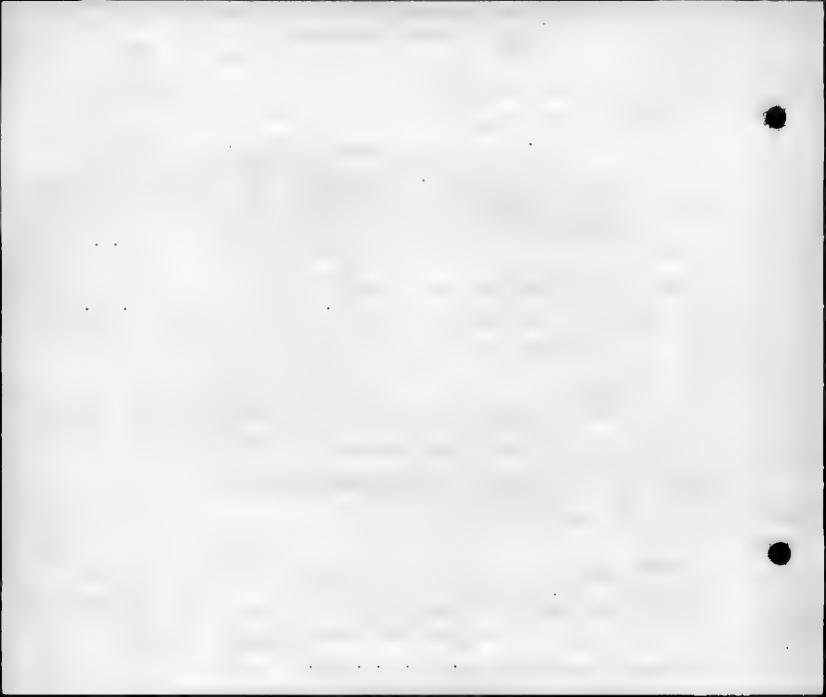
Deal Funeral Home 4812 Ga. Ave. N.W. D. COATE

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

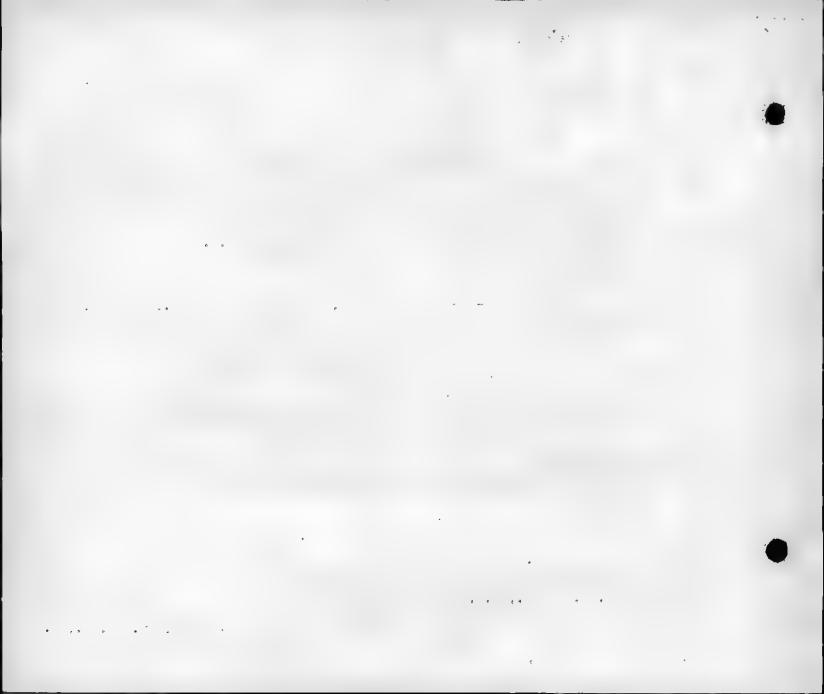
VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

21 haurs after death.



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exempted within 24 hmurs after death. Pagm II	www. woy be retained by the haspital or altending physician.	After this certificate has been signed by the ottending physician and completely filled in by the	Ŏ.	the registror prior to buriol, cremation, or removal, and in ony event within 72 hours offer death.
1:	SM	10	(4 /5	7

	469	1	CER	TIFIC	ATE OF	DEATH		IIMOKE	•	() Reg. Dis	47	06	
b. CITY OR TOWN (I RURAL and give no		its, write	c. LENGTH OF ST		2. USUAL RES O. STATE	Mary.	land	d lived. If ins b. COU orate limits, wr	ititutioi INTY Pr	ince	Ge G	rgos	
OR INSTITUTION	rly AL (If not in haspital, s Georges Ge				d. STREET / 201		ergon		et				IDENCE FARM?
3. NAME OF DECEASED (Type or print) 5. SEX	James	rst	Mid	idle	Short B DATE OF BIRT		4. DATE OF DEATH		Month		Dej	1	Year 19 59
Male	White	WIDOWE		KKIED		b 1881	t	9 AGE (In your birthdo			Days	Hours	Min
10g. USUAL OCCUPATION during most of work Retire 13. FATHER'S NAME George Sha	d	n i	KIND OF BUSINES eamfitter			ashing S MAIDEN N	ton,				SA	F WHAT	COUNTRY
No	None None	57	7-05-3854	E.	elen Y. I		4004-	-92nd \$	Addre		love	r, M	d.
PART I DEA 52/X Conditions, if all gave rise to it cause (a), stating lying cause last.	he under-		hung	Co	lo En	, 7	827	nchy	00	4161	ONS	RVAL BE	DEATH
200 ACCIDENT WA	ER SIGNIFICANT CON 5 UNDERLYING CAUSE OF DEATH MEDICAL EXAMINERS		ONTRIBUTING TO							N IN PART	1(a) 19	PERFO	NO
20c. TIME OF INJUR Hour a. m. p. m.	•	ar 20d. IN While at work	UURY OCCURRED Not while	20e. Pt	ACE OF INJURY street, office	(Home, form te bldg., etc.	20f (City	or town)		{C	ounty)		(Slate)
actual signature	at I attended the	19 }		,	n accurred at	5,55	AM, fran	n the causi	es an	d on th	ast sa le dat	e state	decease ed abave NTE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR:	4/6/1959)F			emetery		Suitle	tion (City, to and Ros	ad,	Pr.G			
W.W.Chamber		Rive	ordale, M	id.		DATE AP	P 6			RAR'S SIG			



may be retained to be hospital or attending physicion. TO FUNERAL DIRE I. After this certificate has been signed by the attending physicial and completely filled in by the page 3 should be detached for use as the burial-transit permit. Them please remove carbon popers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs ofter death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 1SM 10/57

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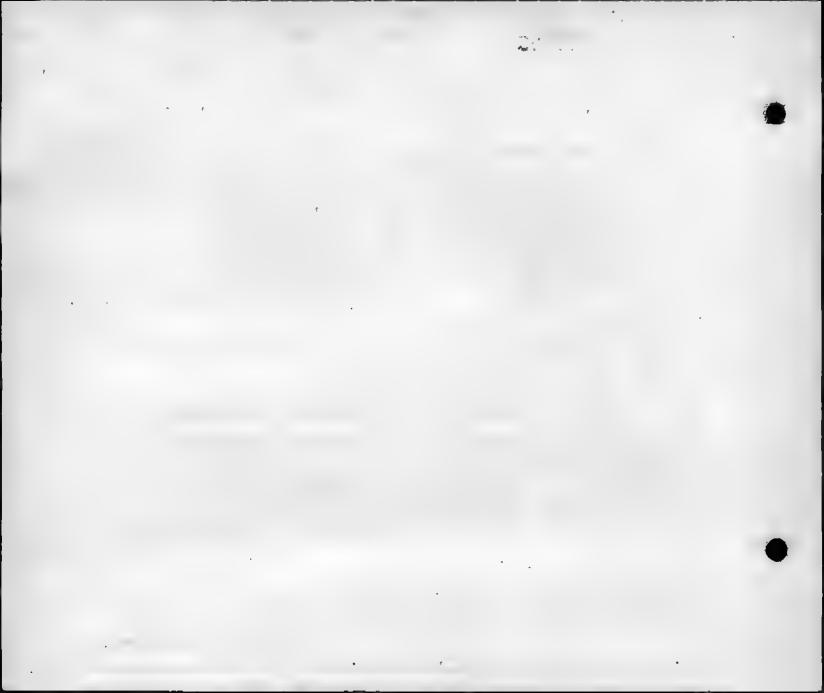
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4692

CERTIFICATE OF DEATH

04797

Reg. Dist. No.

		ACE OF DEATH				2 USUAL RESIG	ENCE (Wh	ere deceased lived	If institution Res	idence before	odmission)
		COUNTY Prince G	eorge's	MARYI	AND	o. STATEMA	rylan	ıd '	COUNTYPri	nce Ge	orge's
	b	CITY OR TOWN (If outside corpor RURAL and give nearest town) Cheverly, Md	ote limits, write	2 days	N 1b			utside corporote lin		and give neare	st lown)
	d.	NAME OF HOSPITAL (If not in hos	spital, give street o			d. STREET A	DDRESS			e	IS RESIDENCE ON A FARM?
	F	rince Georges	General	Hospital		4616	Guil	ford Roa	ad		YES NIKE
	DE	ME OF CEASED pe or print)	PLES	Middle	S	4UL 7	- Z	4 DATE OF DEATH	PRIL	Por	Year 1959
	5. SE)	M color or	RACE 7. MARRI WIDOWE	D DIVORCED	- i -	DATE OF BIRTH	1876	9. AG lost 82	E (In years IF UN birthday) Mont		UNDER 24 HRS Hours Min
	10a L	SUAL OCCUPATION (Give kind of uring most of working life, even if	f work done 10b. i	CIND OF BUSINESS OF	R INDUST	RY 11. BIRTHPL	ACE (Stote «	or foreign country)	12.	CITIZEN OF	WHAT COUNTRY?
	ľ	Retired	Fune	ral Direct	tor	In	diana	L.		USA	
	13. FA	THER'S NAME				14. MOTHER'S	MAIDEN N	AME			
		George R	Shultz				Laura	Hendria	c		
1	IS. W	AS DECEASED EVER IN U.S. ARMI	ED FORCES? 16. S	OCIAL SECURITY NO		ORMANT			Address		
1	1.44	(, , , , , , , , , , , , , , , , , , ,	0		Te.]	lorence	D Sh	ultz Co	llege P	ark, M	d.
	18	PART I. DEATH WAS CAUSE	100	e for (a), (b), and (c).]	01	Velen		my E C	Qua		AL BETWEEN
		IMMEDIATE CA	AUSE (o)	e a ce a	\sim	pu	0	1			
			DUE TO	cuto &	125	tr 0	Zul	en li			
		Conditions, if any, which) gove rise to immediate ((b)	7/7/7	- CO						
		ying couse fost.	(c)	rebral	/	Kro	rub	dres			
	S C	PART II. OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE CON	DITION GIVEN IN		
	CATION										PERFORMED? ES NO 🗗
	ᄓ	O ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF I FEITHER, NOTIFY MEDICAL EXAM	DEATH UNER) 20b. DESC	RIBE HOW INJURY OC	CURRED	(Enter nature of	injury in P	ort I or Part II of i	tem 18 }		
ĺ	MEDICAL	c. TIME OF INJURY Month, Da Haur a.m.	While	_ Not while _	20e PLAC	E OF INJURY II- ory, street, office	lame, form, bldg., etc.	20f. (City or tow	n)	(County)	(Stote)
	= -	p. m.	ol work	of work							
	2	1. I certify that I attende	d the decease	d from 4-137	21/11	1927_	, ta	49816	., 19 <u>57.</u> ,that	t I last saw	the deceased
	a	live on MENIC	<u>CC</u> ,, 192	f, and that	death d	occurred at		_M, from the		n the date	stated above.
		CTUAL MALS	Then.	ر و '		11/17	0	DDRESS (Street, ci	ly or town, state)	71	DATE SIGNED
		GNATURE	fren		М	D. 7//	2:	JONU	yn s	la:	7-1-57
	PI N	HYSICIAN'S WC., I	ETIE	NNE		Col	1/09	e BA	RK1	4	/
	22o. B	URIAL, CREMATION, 226. DATE 1	THEREOF	22c NAME OF CEME	TERY OR	CREMATORY	7	*	ity, tawn, or coun	ly)	(State)
2	rar	EMOVAL (Specify) on 4/8	3/59	Brazil					ndiana		
		NERAL DIRECTOR'S SIGNATURE		ADDRESS			240 REC'D	BY REGISTRAR	24 CESISTIANS	SECULLARE	77
	F	Gasch's ons	Hyatts	ville. Mar	vlan	A	HARAPH	1 0 22			



VS A15 (4) 15M 9/S5

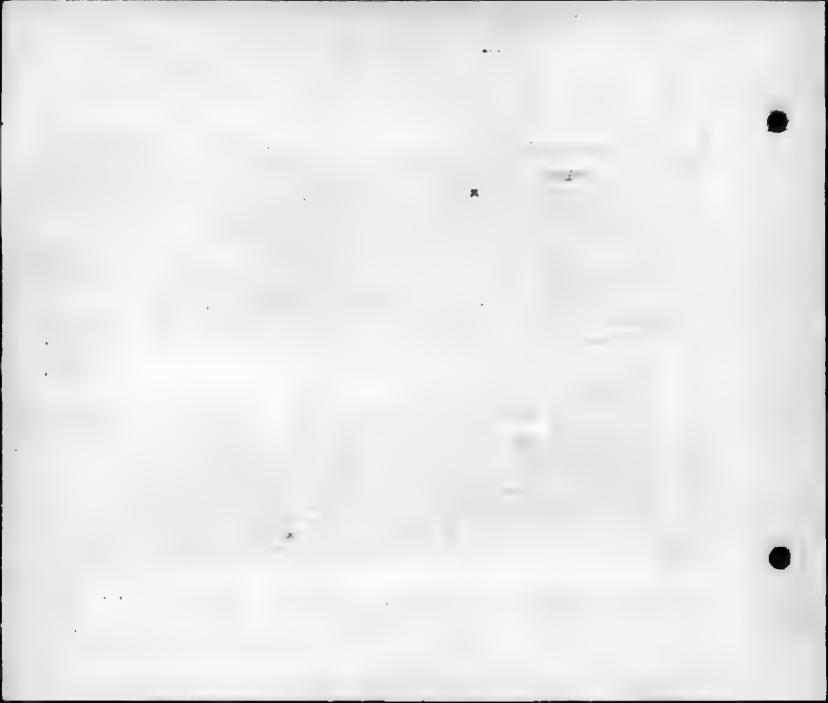
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4732 CERTIFICATE OF DEATH

04708

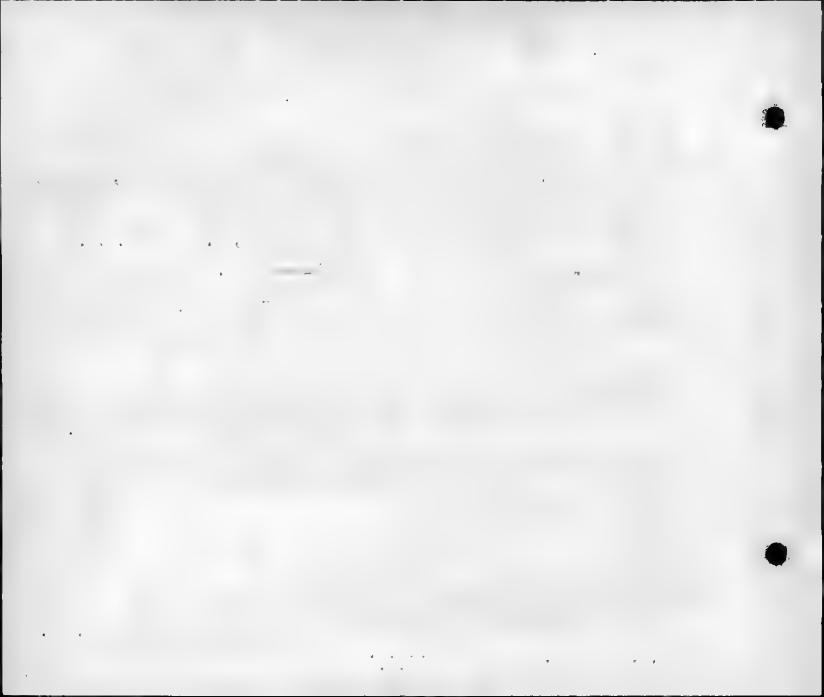
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Reg.	Di	st.	Nο.			

1. [PLACE OF DEATH	ince George		MARYLI	LND	2. USUAL RESIDENCE o. STATE		deceases	d lived. If institut b. COUNT1		e before o	dmissi	on)
ı		outside corporate limit		c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TOWN		ide corpo	rate limits, write t	RURAL ond g	ive neores	lown)	
	Andrews A			1 day		/5 Hvattsvi	11e						
	d. NAME OF HOSPIT	AL (If not in hospital, g	ve street	oddress)		d STREET ADDRESS					e. I	S RESI	DENCE
	OR INSTITUTION	ital Andre	***			2200 Hannon Street							
_												30	110 [24
3.	NAME OF DECEASED	Fire	d	Middle		Lost	4	. DATE	Ma		Day		еот
	(Type or print)	12120 (1214)		A		SMITH		DEATH	A	pril	29	1	9 59
S. 5	SEX .	6. COLOR OR RACE	7 MARR	HED MEVER MARRIED		B. DATE OF BIRTH			9. AGE (In years	IF UNDER	YEAR IF	UNDE	R 24 HRS.
	Female	Cauc	WIDOWI		_	10 Aug 19	17		lost birthdoy)	Months	Doys H	ours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZE during most of working life, even if retired)									VHAT	COUNTRY?			
House wife House wife Toledo, Ohio									USA				
13.	FATHER'S NAME					14 MOTHER'S MAIDE	N NAA	ME				-	
	Henry	P. Fuhrer				Adelyn	е		Last	name	unkno	own	
	WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. H	IFORMANT			Add	lress			
	No	II yes, give war or dates or to	***************************************	Unknown	H	usband C	hau	ncey	W. Smi	th			
	18. CAUSE OF DEA	TH [Enter anly ane co	use per li	ne for (a), (b), and (c).]							INTERV	AL BET	WEEN
	PART I. DEATH WAS CAUSED BY: Upper Gastrointestinal Hemorrhage 15 Hrs.												
	581.0	DUE TO		, , , , , , , , , , , , , , , , , , , ,	. 40.5			D			1		
	Conditions, if or	v which)	For	ophageal Var	ine	g						3 H	rs.
	gove rise to in	n mediole (DBC	Thurs ear ver	TOG	9					-		
	cause (o), stoting to lying couse last.	ne under-	~.			T 8							
z) (c		rhosis of t			0.114.14	I DISEAS	E COLIDITION O	150 1 10 1 B 2 B 7	14.2.120.1	1145 A	LITORCY
잂					100	NOT KELATED TO THE TE	KMINA	IL DISEAS	E CONDITION G	AEM IM LWKI		ERFOR	RMED?
ត្ត		ngestive H									YE	SX	но 🔲
CERTIFICATION	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURREC). (Enter noture of injury	in Por	t I or Por	t II of item 18.]				
N.	20c. TIME OF INJUR	* ,	r 20d II	NJURY OCCURRED 2	Oe. PLA	CE OF INJURY (Home, I	form !	20f (City	or town)	IC	ounly)		(Stote)
MEDICAL	Hour g.m.	19	While	Not while		tory, street, office bldg ,		au. (c.//)	or rowing	10	ounyj		(aloie)
~		at Lattended the		ed from 29 Apx	•	. 1959 . to		29 A	pr 1959	that I le	ast saw	the o	deceased
		Apr	., 12 4			occurred at 7:0							
	/			/ 3		Occorred dillili			treet, city or town		e date		TE SIGNED
	ACTUAL / 14	uums.	7	Variab		A.D. USAF Ho	ani	+07	Andmorra		20	λ~	or 59
	SIGNATURE 6	000000	2	GCCN-UU	1	A.D. USAF HO	Shr	var.	MIGIEWS		Fe &	. <u> </u>	21 _ 27
	PITTERNAMS	TTANK O TIAT	DY C	1 (TOTAL TOTAL)	100	Andress	AR	R Wa	shington	25 D	e.		
-	NAME (Type) []]			APT ISAF	إنا								
220	BURIAL, GARAGES	N, 226. DATE THEREO	F /mayo7/	22c. NAME OF CEMET	ERY O			M LOCA	HON (City town	or county)	/ /	(Stofe	}
8	Ur- Kem	112-1-2	7_	Terniu	000	1 Cemeter		Her	naerson	U K	ent	LCA	ch
23.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS				BY REGIST		ISTRAR'S SIG			/
4	segh Xh	weistou	017	16 Ja. Cu	12.	1) W. DATE	AY	4 '59	3 aru	thun & f	Times		
/													



haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTAL PROPERTY After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be befored for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shithe registrar prior to buriol, cremation, or remayal, and in any event within \$2\$ and of the death.

TO HOSPITAL OR

VS A15 (4) 15M 10/57

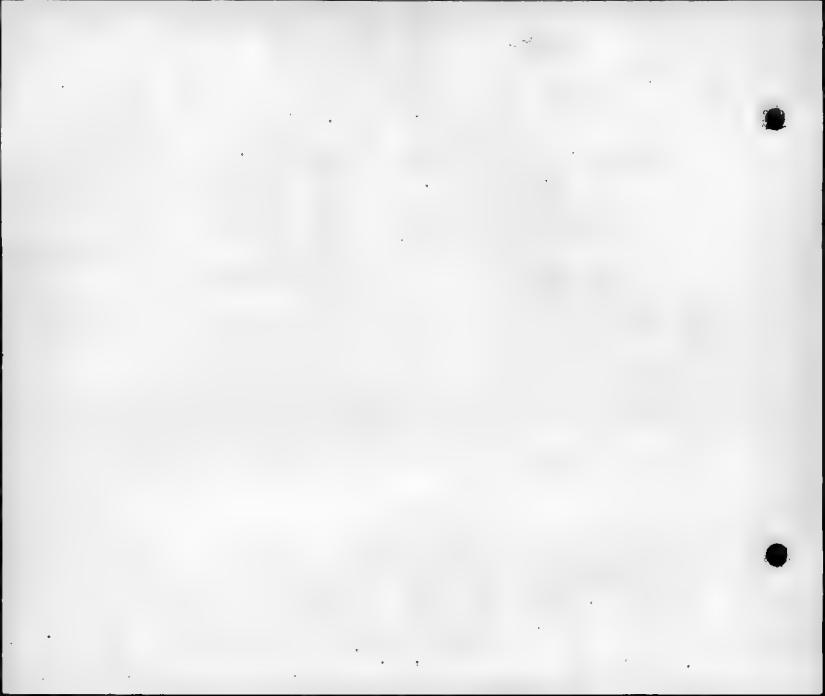
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 1.502

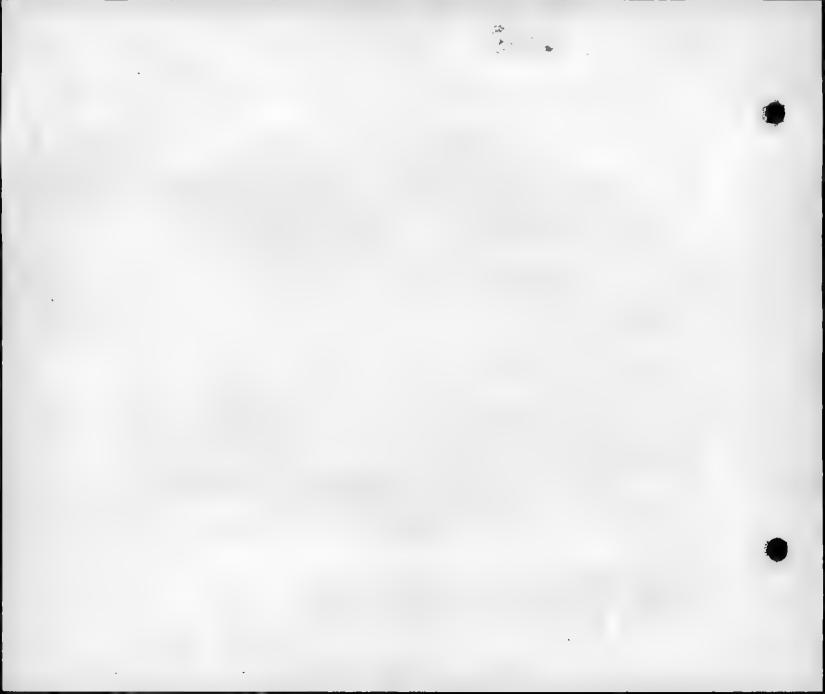
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	E 7	I	(J.
0	Philips.	0.0	

_		- 217	3							Reg. E	Dist. No.		
T.	PLACE OF DEATH	Georges		MARYL		O. STATE			flived If instit b. COUN	TY _		~	
 }		outside corporate limit	write	c. LENGTH OF STAY II	1.11	- CITY OR	Maryl		. 1 %	Pr	inca.	Geor	gos
ľ	RURAL and give ne	orest lown)	, 11110		1 10	c CHI OX	MAN (11 OF	irside carpo	rote limits, write	e KUKAL ond	3 give nea	rest fown	1)
L	Cheve			2 hours	1	Mt.	Ranni	or					
	or institution Prince	AL (If not in hospital, gi		1 Hospital	- 1/	d. STREET	ADDRESS Unshur	. C.F.				e. IS RES ON A YES []	FARM?
3		Firs		Middle	!!	المالت		4. DATE					
	NAME OF DECEASED (Type or print)	Warre	1	E.		Smith	51	OF DEATH	Apr	ionth •f]	Doy	٠.	^{feor} 19 59
5	SEX	6 COLOR OR RACE	7 MARS	HED NEVER MARRIED	B. I	DATE OF BIRT	Н		9. AGE (In year	IF UNDE	ER TYEAR	IF UNDE	
	Male	White	WIDOW	ED DIVORCED		Jan	19/187	4		f) Months	Doys	Hours	Min
10	. USUAL OCCUPATIO	N (Give kind of work d	one 10b.	KIND OF BUSINESS OR	INDUSTR		LACE (Stote o	r foreign c			ITIZEN O	F WHAT	COUNTRY?
		ing life, even if retired)	I	Book Binder	•	Net	w York			1	Unite	d St	tates
113	. FATHER'S NAME					14. MOTHER'S							
15		opher Smit			law mare		An	ın Ma	cCauley				
12		If yes, give wor or dates of se		SOCIAL SECURITY NO.	17. INSC	PRMANI				ddress			
L	NO				E	lizabe	th H	Wi	fe	Addre	ss Se	me	
	PART I. DEAT 420.0 Conditions, if or		Co	rebiel . lever s	-T	tho	mhe da	- de-	2 des		INTE	RVAL BE ET AND	TWEEN DEATH
	gove rise to in couse (a), stating t lying couse lost.						700						0
Z	PARE II OTH		ITIONS	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMIN	IAI DISEAS	E CONDITION (SIVEN IN PA	PT 1/01/19	D WAYAS	LITOPSY
ICATION										317214 11712		PERFO	RMED?
L CERTIF	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED (Enter noture o	of injury in Po	ort I or Pari	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	VIURY OCCURRED 2 Not while of work	De. PLACE factor	OF INJURY (Hame, form, e bldg., etc.)	20f. (City	or lawn)		(County)		(State)
	actual signature	2 - L			3 9 Jeath ad	., 19 curred at			1 the causes The causes The city or tow		last sa the dat	e state	deceased ad abave. TE SIGNED
22	NAME (Type)	Dr. Clum		22c. NAME OF CEMET	EDV OR C	- The	Jell	ent	10 /2	1			* *** ** ** ** ** ** **
	Burial	4/13/59				-	1		CON (City, low)		1	(State	
<u> </u>	FUNERAL DIRECTOR'S		173	George W							10		1d.
	. Gasch's		Hya	ttsville,	Md.	□ •	24o. REC'D			Gistrar's s Eliuq f		t	
_						***			1 2009		Pleasand.		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

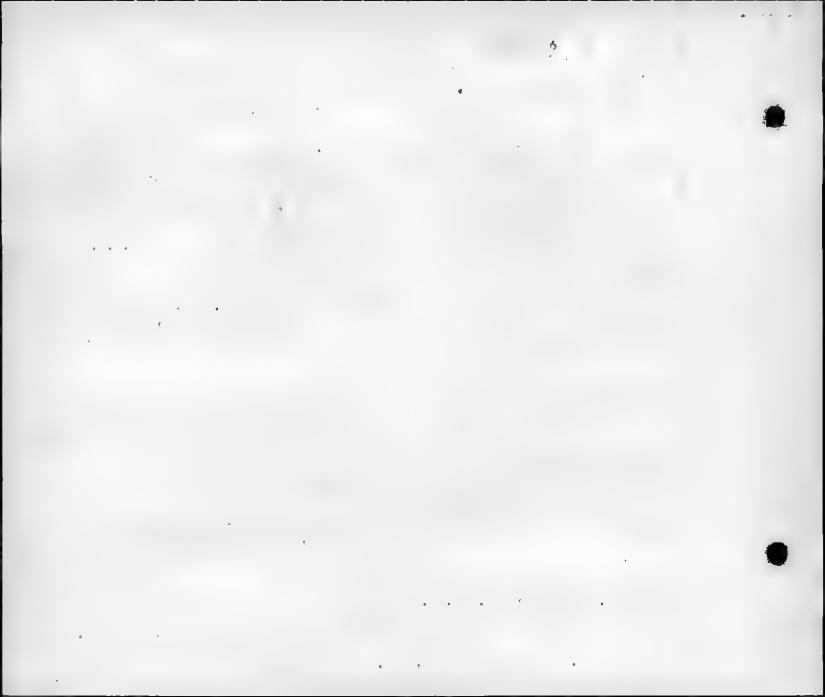


07

PLACE OF DEATH o. COUNTY Prince

	STATE DEPARTM			TIMORE, 1	8 ()4'	712			
4695	CERTIFICA	ATE OF DEA	IH		Reg. Dist. No				
Georges	MARYLAND	2. USUAL RESIDENCE o. STATEMary]	(Where decease	b. COUNTY	n Residence befo Prince	Georges			
outside corporote limits, write orest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Upper Marlboro						
At (If not in haspital, give street			d STREET ADDRESS Rt. 2 Box 87						
First Lula	Middle	Sweeney	4. DATE OF DEATH	Manti Ap		Year 13 19 59			
6 COLOR OR RACE 7 MARR		B. DATE OF BIRTH 19 June	1 9 06	9 AGE (In years jost birthday) 5222 yrs	Months Days	IF UNDER 24 HFS Haurs Min.			
N (Give kind at work done 10b ing life, even if retired)	kind of Business or Indus Tenent	Virgin	_	ountry)	U . A	F WHAT COUNTRY			
		14. MOTHER'S MAIDE Unikn							
R IN U. S. ARMED FORCES? 16. If yes, give war or datm of service)		bert Swee		t. #2,		Upper			
PH [Enter only one couse per lin TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	the for (a), (b), and (c) f	lufure		arlboro	on:	ERVAC BETWEEN SET AND DEATH			
DUE TO (b) (2)	van wall on	tastatie	car	e unemod	t 24 3	noth; ?			

	_				·			-						407
	1	 LOWN (IF RURA), and give ne 	outside corporate l'imi	ts, write	c. LENGTH OF STAY IN	і 16	c. CITY OR TO	al) NWC	autside carp	prote limits, write R	URAL ond	give ned	arest tow	n)
		Chever	У		35 days		X U	pper	Marlb	oro				
,		OR INSTITUTION,	N. (If not in haspital, g	ive street	address)		d STREET AL	DRESS						SIDENCE
		Prince Ge	orges Gene	eral	Hospital		Rt.	2 B	ox 87					A FARM?
	3.	NAME OF DECEASED	Fir	31	Middle		Lost		4. DATE	Man	Plu	Da	ıy	Year
		(Type or print)	Lula				Sween	эу	DEATH	Ag	oril	1	13	19 59
	5. 5	SEX	6 COLOR OR RACE	7 MARI	RIED PONEVER MARRIED		B. DATE OF BIRTH			9 AGE (In years jast birthday)			\leftarrow	ER 24 HPS
		Female	White	WIDOW	ED DIVORCED		19 Jui	10 K	06	52xx y	Months	Days	Haves	Mín.
	10a	USUAL OCCUPATIO during most of works Housewi	ng life, even if retired	1	kind of Business or Tenent	INDUS	TRY 11. BIRTHPLA	-	_	country)		ITIZEN C		T COUNTRY?
	13.	FATHER'S NAME		-			14. MOTHER'S	MAIDEN I	NAME					
		Unknown					Ur	ikno	MIJ					
	15		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 1N	FORMANT			Add	ress			
		No	· yas, great war or outline or y	***************************************		Ro	bert Sv	reen	ey (F	?t. #2,	Box	87,	uç	per
- 4		18. CAUSE OF DEAT	PH [Enter only one co	use per li	ne for (a), (b), and (c)		H		1	arlbore	9 111	3 4 WIL		ETWEEN
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	5	H aprilie	4	Luxur	u					ET AND	D-DEATH
		15 21	DUE TO			,		4						-
		Conditions, if an	y, which }	121	van 22-21 0	in	Englar	KE	cur	t horamo	teza	, 3	and	E. ?
		gave rise to im cause (a), stating the		1.				,	// /	2		1-	1 ** **	2
		lying cause lost.	(c)	Pr	maryen	201	more	12 Jan	lon (s)	work Il	Lains	1/2	ARCH O	- 5
3	CATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	PERF	AUTOPSY DRMED?
	L CERTIFI	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	URRED	(Enter nature af	injury in	Part I ar Por	t II of item 18)				
	MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yea	While of war	Not while	De. PLA Foct	CE OF INJURY (H lary, street, affice	ame, form bldg., etc	n, 20f. (Cit	y or tawn)		(County)		(State)
		21. I certify the	at I attended the	deceas	ed from 3 - 4	2-	19.59	toF	1-12	19.5	that I	last so	w the	deceased
		alive an	-1)	12_	and that d	eath			AM, from	m the causes a	nd an	the da	te stot	ed above
		0.1	4 1 1		6.			7		treet, city ar town,		ittic giçi	y D	ATE SIGNED
		ACTUAL SIGNATURE	2 4(H.	ንስ -	fain	N	10. 174	UK	14:	h. 12: 5	1,10	4	6-	D. K. ?
		PHYSICIAN'S NAME (Type) Dr	. George	cLai	n. Ma D.									1/13/5
	22o	BURIAL, CREMATION REMOVAL (Specify)	I, 22b. DATE THEREO	F	22c. NAME OF CEMETE					TION (City, tawn, o			(Sta	ie)
	_	3urial	[4/16/59		Epiphany	Ce	metery		Fore	estville	,	1	Md.	
		FUNERAL DIRECTOR'S		0 m 2/	ADDRESS	ur.a		24a. REC'	D BY REGIS	TRAR 246 REGIS				
	7.	FEOCRITO D	ros. obb	GT. W	arlboro,	WICL .		DATE A	PR 2 4 '	a	rthury 2	Tha	u.a	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



-6	1
FOR	STAT

HEALTH DEPT.

H

PLACE OF DEATH a. COUNTY

b. CITY OR TOW!

d NAME OF HO

3. NAME OF DECEASED (Type or print)

Male 10o. USUAL OCCUP. during mod of we 13. FATHER'S NAME

15. WAS DECEASED Yes no. acentrown)

> 18 CAUSE OF I PART L S

> Conditions. gove rise to in

Gasch's Sons

CERTIFICATION

5. SEX

Prince

AMINER: This certificate should be executed within 24 hours other death. If any delay is nece writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral dig to the Chief Medical Examiners Office along with form PM3. Page 5 may be retained for Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boom. prior to burial, cremotion and in any event within 72 hours after death. execute the cert
4 should be for
TO FUNERAL DIR
or its designated o

VS. A15ME 5M 2757

		ENT OF HEALTH—BALTIMORE, 18 S CERTIFICATE OF DEATH Reg. Dist. No.
		2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission)
Prince Georges	MARYLAND	Mary tand Fr. Geo.
[dwn]	C LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly	l hr.	X Lanhan
Georges General H		/ d. STREET ADDRESS 8915 Hickory Hill Avenue 15 RES DENCE ON A FARM? YES NO
William A	indrew Ter	Prry Death April 5, 1959
6 COLOR OF RACE 7. MARRIED WIDOWED		B. DATE OF BIRTH March 2,1902 P AGE Im years Strunder Strun
ATION (Give kind of work done 10b, Kill thing its even if (ettres) curical engineer	ND OF BUSINESS OR INDUSTR	TRY 11. BIRTHPLACE (Stote or foreign country) Ohio 12. CITIZEN OF WHAT COUNTRY? U.S.A.
illiam A. Terry		Mary Elizabeth Achemir
EVER IN U. S. ARMED FORCES? 16. SI		Illiam A. Terry; 3rd 500 Whitfield Chapel Road Lanham, Maryland
DEATH [Enter only one couse per line to	or (o), (b), and (c).]	INTERVAL BETWIEN ONSET AND DEATH
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Congestive	re_heart failure
mediate cause DUE TO	Cardiovas	scular renal disease

(e), stating the underlying DUE 1	(c)
PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH.	20b DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part I or Port II of item 18.)

5	20c TIME OF INJURY Month, Doy, Y Hour a.m.	Year 20d INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, for factory, street, office bldg.)	orm, 20f. (City or town)	(County)	(Sto
	21. I certify that I took charg			psy , Inspection	Inquiry K,	and in
	opinion death resulted from:	Natural causes 🔼 A	ccident [], Suicide [],	Homicide, Undeter	mined monner	

DATE SIGNED

ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

EXAMINER'S NAME (Type) John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER April 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

220- BURIAL, CREMATION, 226 DATE THEREOF BURIAL (Specify) 4/8/59 (Stole) 4/8/59 Arlington National Arlington 4739 Baltomore Ave. H_attsville, Md. 240 REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE APR 8 159 23. FUNERAL DIRECTOR 5 SIGNATURE

arthur S. House DATE

(State)

1959

my

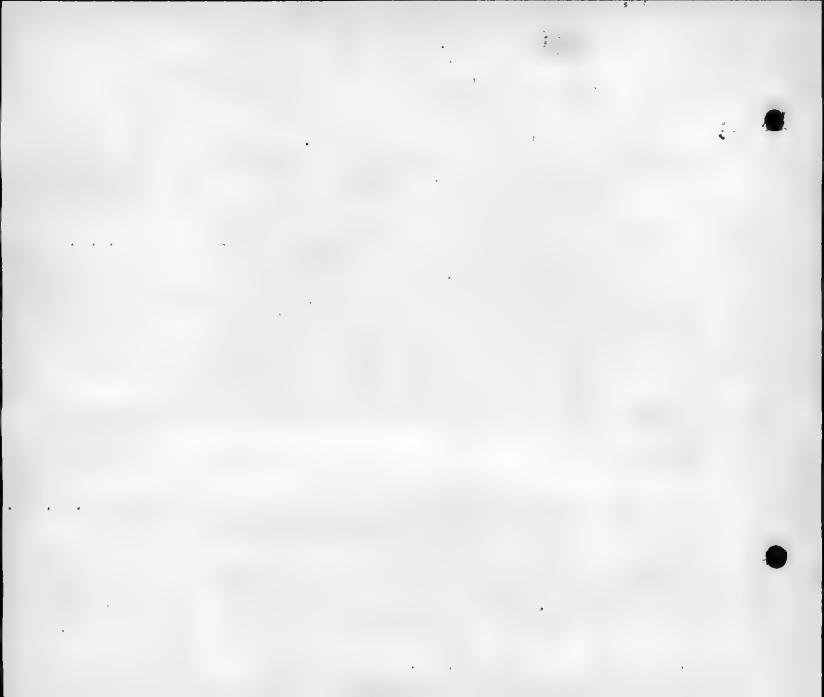


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 469 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. FALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived I if institution Residence before admission) o. COUNTY COUNTY MARYLAND c LENGTH OF STAY IN 16 corpolate limits, write RURAL and glas nearest town) HOSPITAL Lotiqued in ten th MOITUITZINI d. STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO [6 NAME OF Year DECEASED (Type or print) DEATH 1259 COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH 9 AGP (In years IF UNDER TYEAR IF UNDER 24 HRS 5 may 2 with Months Days Hours Min. WIDOWED [DIVORCED 1. Page 5 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHPLACE (Slote or 12 CITIZEN OF WHAT COUNTRY? pages I o Give Pages 1 Give Pages 1 th farm PM3. 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT III yes, give wer or dotes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY Congestive heart failure IMMEDIATE CAUSE (o) ō Office **DUE TO** Conditions, if any, which Pneumonitia gove rise to immediate couse DUE TO (e), stoting the underlying cause lost PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, streat, office bldg., etc.) Hour o. m. Not while of work ul work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection > and in my apinian death resulted fram: Natural causes 24. Accident ... Homicide . Undetermined manner Suicide | | ACTUAL DATE SIGNED DIS CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER shauld FUNER DEPUTY MEDICAL EXAMINER TO NAME (Type) 220 BURIAL CREMATION, 226, DATE THEREOI 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, 0 ADDRESS FAIMERAL DIRECTOR'S SIGNATURE 240 REC'D BY MEGISTRAR 24b. REGISTRAR S SIGNATURE VS. ATSME Rockville . Md DATE APR 1 3 '59 Cirhan S. Kraus 5M 2/S7

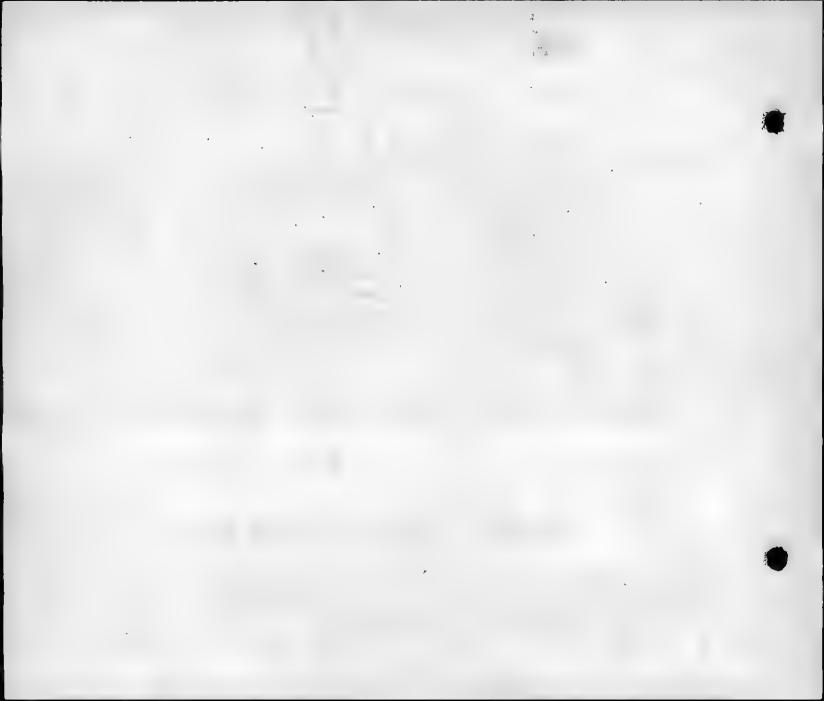


VS A15ME 5M 2/57

	MARYLAND STATE DEPARTMENT OF F	HEALTH—BALTIMORE, 18						
TATE	4698 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()4716							
DEPT.	a. COUNTY	SIDENCE (Where deceased lived If institution Residence before admission)						
	b CITY OR TOWN (1 outs de cerpore's femile, write RURAL c LENGTH OF STAY IN 1b c. CITY OF The Cheverly	Florida RIOWN (If outside corporate limits, write RURAL and give nearest town) BARGO						
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Gorge's Rt	ADDRESS ON A FARM YES IN NO IT						
	3. NAME OF DECEASED (Type or print) Charles Love Scott Tingley 5. SEX d. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTY Tune 20	A. DATE Month Day Year OF DEATH April 29, 19 59						
I	Male White WIDOWED DIVORCED June 26, 1901 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country) during montrol working life, even if refired) Incurance Broker Pennsylvania 13. FATHER'S NAME Charles Tingley Sr. 14 MOTHER'S MAIDEN NAME Anna Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. BNFORMANT Yes Helen Shipley Same as above							
	Conditions, if any, which gove rise to immediate cause (a), staling the underlying cause tast. (b) Crushed chest DUE TO (c)							
		pury in Fort to r Fort II of liem 18) collission bile that was in an head on /						
16	20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY of Month Place of	4 301 Upper Marlboro P. B. Md.						
	EXAMINÉE'S ASSISTA	MEDICAL EXAMINER April 29, 1959						
	226. BURIAL CREMATION. 226 DATE THEREOF 5/1/59 226. NAME OF CEMETERY OR CREMATORY Laurel Hill 23 FUNERAL DIRECTOR'S SIGNATURE 4739 Baltionere Ave.	Phildelphia Pa.						
	F. Gasch's Sons Hyattsville, Md.	DAMAY 4 '59 Orthur & Klasea						



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH R STATE Reg. Dist. No. EALTH DEPT) PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions... Besidence before admission) a. COUNTY COUNTY MARYLAND b. CITY OR TOWN (II c. City OR TOWN (if obtside corporate limits, write RURA, and give nearest town) c. LENGTH OF STAY IN 16 e IS RESIDENCE OR INSTITUTION (If not an hospital, give street address) STREET_ADDRESS ON A FARM YES NO 2 NAME OF Middle Month DECEASED OF DEATH (Type or print) 7. MARRIED MEYER MARRIED 9. AGE (In years IF UNDER TYEAR 5. SEX 6 COLOR OR RACE IF UNDER 24 HRS Months Days Haurs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 0 during mast of working life, even if refired) 13. FATRER S U. S ARMED FORCES? 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER II war or dales of service: 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Canditians, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cours last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NOT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.1 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, street, affice bldg., etc.) While Not while q. m. at work [] at work [p. m. 21. I certify that I tack charge of the remains described above, held on Autopsy . Inspection . Inquiry IL and in my opinion death resulted from. Natural causes Dir Accident Suicide . Homicide . Undetermined manner **DATE SIGNED ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 17 **EXAMINER'S** should FUNER DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL, CREMAT ON, 1226. DATE THEREOF 22d. LOCATION (City, to) 22c NAME OF CEMETERY OR CREMATORY (Stole) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D M' MEGISTRAR 246. REGISTRAR S SIGNATURE A15ME aring S. Haus DATE



ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
700	CERTIFICATE	OF	DEATH	R

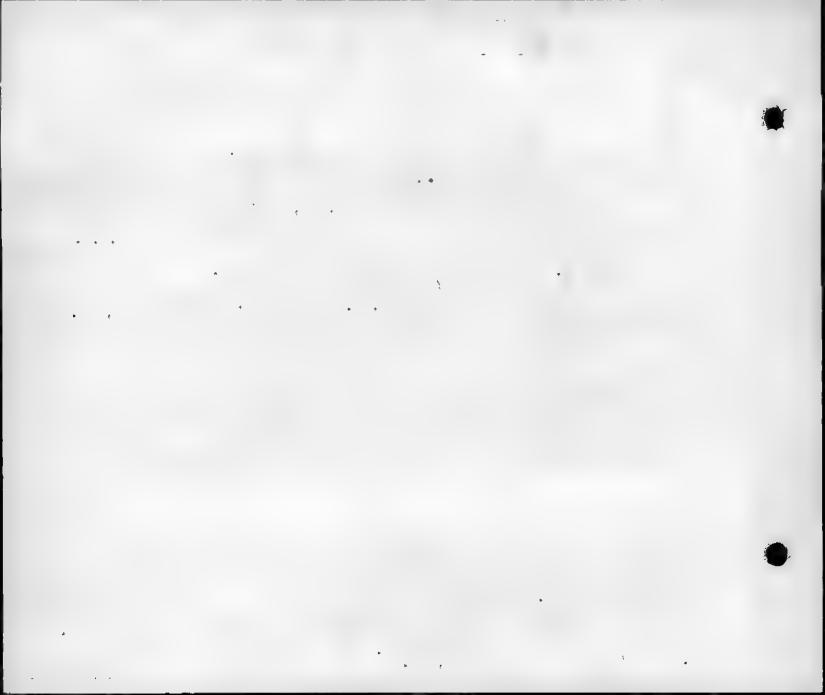
CATE OF DEATI	4		Reg. Dist.	147 No.	18			
2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY Maryland Prince Georges								
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Renwon. Heights							
	ac St			0	RESIDENCE ON A FARM?			
h Townsend	4. DATE OF DEATH	Mont Apr		Doy	Year 19 50			
	901	9. AGE (In years lost birthday)	Months D	oys Ho	UNDER 24 HRS			
New Jers	sey	ountry)		S.A	HAT COUNTRY?			
14. MOTHER'S MAIDEN NAME Unk.								
Vm. E. Townsend Jr. Hyattsville, Md.								
(1) Henrice, but. Interval setween ONSEI AND DEATH								
atici Ul				2-3	3 du 12			
BUT NOT RELATED TO THE TERM			EN IN PART 1	P	VAS AUTOPSY ERFORMED?			
RRED (Enter noture of injury in	Part I or Par	f II of i lem 18.)						
PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	20f. (City	or town)	(Cou	mty)	(Slote)			
$\frac{5}{4}$, 19 , to $\frac{2}{2}$ ath accurred at $\frac{2}{2}$ 201	7~/3 3 ™M, fran	19	,that I la	st saw	the deceased			
1. 2 ~ .	ADDRESS (S	freel, city or lown, s		.1	DATE SIGNED			
	/				~~~~~~~~~~~~~~			
or CREMATORY Ishington		TION (City, fown, or ttsville			(Stote) Md.			
24- BEC	D BY DECISI	DAD ON DECIE	TRAP'S SIGNI	ATLIBE				

PLACE OF DEATH o. COUNTY MARYLAN Prince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN RURAL and give nearest town) lil Days d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION Prince Georges General 3. NAME OF Middle DECEASED Elizabet (Type or print) Martha 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX WIDOWED [DIVORCED [Female 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN during most of working life, even if retired) Self Housewife 13. FATHER'S NAME John T. Leeds 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Yes no, or unknown None 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCU 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m. While Not while of work of work p. m. 21. I certify that I attended the deceased from and that dec ACTUAL William C. Weintrant 270 BUR AL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETER 4/15/59 George Wa 4739 Bal Willione Ave. 23 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. APR 1 6 '59 arthur & Knows

TO FUNERAL DIRE

VS A15 (4)

15M 10/57



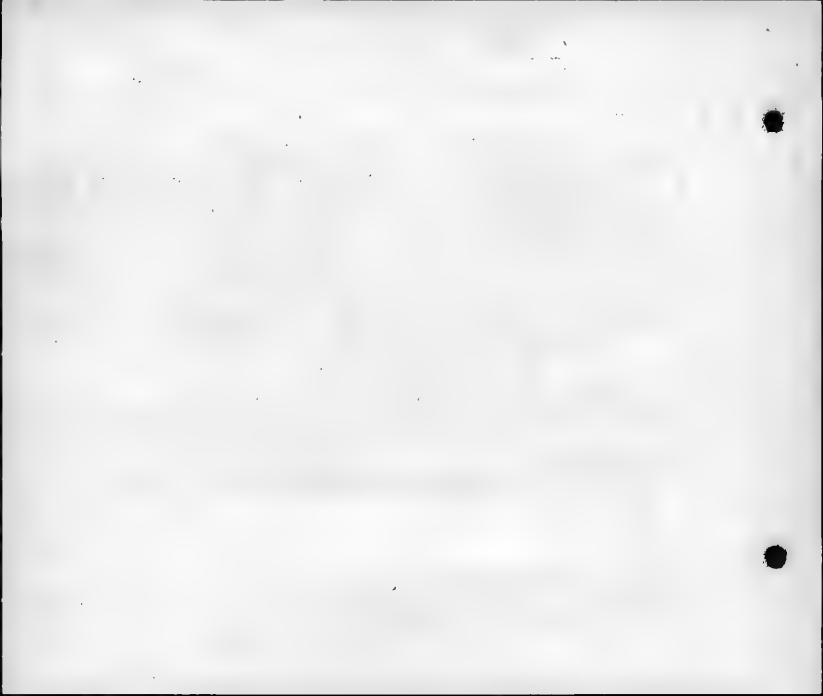
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4701 **CERTIFICATE OF DEATH** 04719

Reg. Dist. No.

1. PLACE OF DEATH				2. USL	AL RESIDENCE (W	here deceased		on: Residence	e before adi	musion)
o. COUNTY	ince Georg	es	MARYLA	NZD a.s	TATE	bnelv	b. COUNTY	Prin	ce Ge	orges
b. CITY OR TOWN (If RURAL and give neg	outside corporate limit		c. LENGTH OF STAY IN	00	ITY OR TOWN (IF	outside corpora	ote limits, write R			
d. NAME OF HOSPITA	I /If not in hospital or	IVA Straat A	43 Hour		Bladensbu	ırg			1. 10	RESIDENCE
OR INSTITUTION									10	A FARM?
Prince Geo	rges Coner	al no	spital	3	200 Kenil	Lworth	Ave		YES	□ NO 🔟
3. NAME OF DECEASED	Fir		Middle		Lost	4. DATE OF	Mon	lih	Day	Year
(Type or print)		ara	Octava		Duzer	DEATH	Apri		19	19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE	OF BIRTH	9	AGE (In years lost birthday)			NDER 24 HRS
Female	White	WIDOWED		- 1 /	/14/1901		# 57 yrs	Months	Doys Hou	ırs Min
100 USUAL OCCUPATION	N (Give kind of work one life, even if retired)	Jone 10b. K	IND OF BUSINESS OR I	NDUSTRY 11	BIRTHPLACE (Stole	or foreign cou	intry)	12 CITIZ	EN OF WH	IAT COUNTRY?
Housewi					Dury, M.	d.		Un	ited	States
13 FATHER'S NAME					OTHER'S MAIDEN	NAME			# 40 PP	011000
Daniel	Walker				Ellen E	dalin				
15 WAS DECEASED EVER		CES? 16 S	OCIAL SECURITY NO.	17 INFORMA		act III	Add	ess		.
(Yes, np. or unknown) (I	f yes, give war or dates of si	17 (ST	7-48-9336	Too	ah Y		A 2.2-			
	34 fe			Jac	90 1	lusband	Adaz	'03\$ S		
PART I. DEAT	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Acute Pulmonary Edema 24 hours							ND DEATH		
4201	DUE TO									
1 7	Congestive Heart Failure							24 hours		
gave rise to im	mediate (Dus To									
lying couse lost.	ie under-	Cor	conary-Arter	rio Sc.	lerotic H	cart Di	sease.		Year	ec.
	(c) FR SIGNIFICANT CON		INTRIBUTING TO DEATH	BUT NOT RE	ATED TO THE TERM	INAL DISEASE	CONDITION GIV	FN IN PART	160 19 W	AS ALITOPSY
ICATIO				-					PER	FORMED?
PART II. OTHI	CAUSE OF DEATH	20b. DESÇI	RIBE HOW INJURY OCCI	URRED. (Enter	nature of injury in	Part I or Part I	II of item 1B.)			
3 20c. TIME OF INJURY	Month, Day, Yea	r 20d. INJ	URY OCCURRED 20	e PLACE OF	NJURY (Hame, farm	m. 20f (City e	or town)	ICo	ounly)	(Stote)
20c. TIME OF INJURY Hour a. m. p. m.	19	While	Not while	factory, stre	et, office bldg., etc	c.)		(,	(2.0.0)
			ot work	2.0	50					
			from April	17	19 <u>59,</u> ta <u>l</u>	pril	19 , 19 55	that I lo	st saw th	ne deceased
alive on Apr	<u>il 19</u>	12	$\frac{59}{}$, and that de	eath occur	red ot 6:20A	M, from	the causes o	nd on the	e dote st	oted above.
	10/2		. 16		, ^	ADDRESS (Stre	el, city or town,	state)	1 -	DATE SIGNED
ACTUAL SIGNATURE	Mille	44	1114 ~	M.D.	Lower !	<u> </u>	2 614	1-6 1	K Wil	1/19
PHYSICIAN'S NAME (Type)	D BALLER	. M+	72			1117	1		-11	1:1
220. BURIAL, CREMATION			22c. NAME OF CEMETE	PY OP CPE44	TORY	1224 IDCATE	ON (City, town, o			
REMOVAL (Specify)	4/22/	59	Addism	Chs	t I	220 100311		C D S	V 1 (2	itate)
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS @	As Anto	101d 240 BEC	D DV DECISED	A D DECT	704010 0101	V I	FRA
(11) (7)	O. Co	5801	Cours la	1 Rue	A	PR 21 '5	artin.	strar's sigi		
wiw, aum	pers co	2001	well to me	wie	DATE			1 404	r thanks	



1	1.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			4648 CERTIFICATE OF DEATH (1472)
h. Poge il director filed wit		1.	PLACE OF DEATH C. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) S. STATE D. COUNTY D. COUNTY
deoth:	M		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by by		H	d NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION VETTS LLE Converses on Frest Home 1 4361 - 28 PL, VETTS LLE Converses on Frest Home 1 4361 - 28 PL, VETTS LLE Converses on Frest Home 1 4361 - 28 PL, VETTS LLE Converses on Frest Home 1 4361 - 28 PL, VETTS LLE CONVERSE ON A FARM?
24 haur Hed in b			NAME OF DECEASED OF First OF Middle Loss 4. DATE Month Day Year
within 2)	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours If UNDER 1 YEAR IF UNDER 24 HPS.
comple popers.)	10o	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State of Adeign country) (12. CITIZEN OF WHAT COUNTRY?
be executed on the period of the decimal of the dec			Attorne & Retired U.D. Hovernment Nobras to U.S.
rificate physician mave ca hours af		15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address
th certifing phase rem		(Yes	Mys. Peter Ward 4301-28 = PL.
attenc n plea t withi			18 CAUSE OF DEATH [Enter only one cause per-line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH ONSET AND DEATH
that the by the t. The y even			33/X DUE TO Conditions, if ony, which) this
requires itan. en signed nsit permi			gove rise to immediate couse (a), stoting the under-lying couse last.
he law in physicial has been riol-transmand, a		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: 1 ending ficole the bu			200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of I lem 18)
PHYSIC hal ar ath this certi r use as remation		MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour o. m, 19 20d. INJURY OCCURRED While Not while ot work of work of work 19 20d. INJURY (Home, form, 20f. (City or town) (County) (Slote)
hospit After hed for			21. I certify that I attended the deceased from 3/19, 1959, to 4/25, 1959, that I last saw the deceased alive on 4/25 and that death occurred at 2:300 M from the course and an the data extend the
ATTEN hy the R: R: r to by			alive on 1954, and that death occurred at 2.30A.M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
AL DIR	- /		PHYSICIAN'S TO 1 B - DT PATTI
3 si		22o	NAME (Type) TLBE 10 T
TO HOS may b TO FUN page the res		<i>G</i> 23.	wind 4/18/59 Fort sincoln Colman manor med
VS A15 (4) 15M 9/55	4	No	allays Funeral Home my Date APR 2 9 59 246 REGISTRAR'S SIGNATURE and S. Known
	1		Que.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES NOTE

Year

19

INTERVAL BETWEEN ONSET AND DEATH

YES |

PERFORMED?

DATE SIGNED

1959

NO T

(Stote)

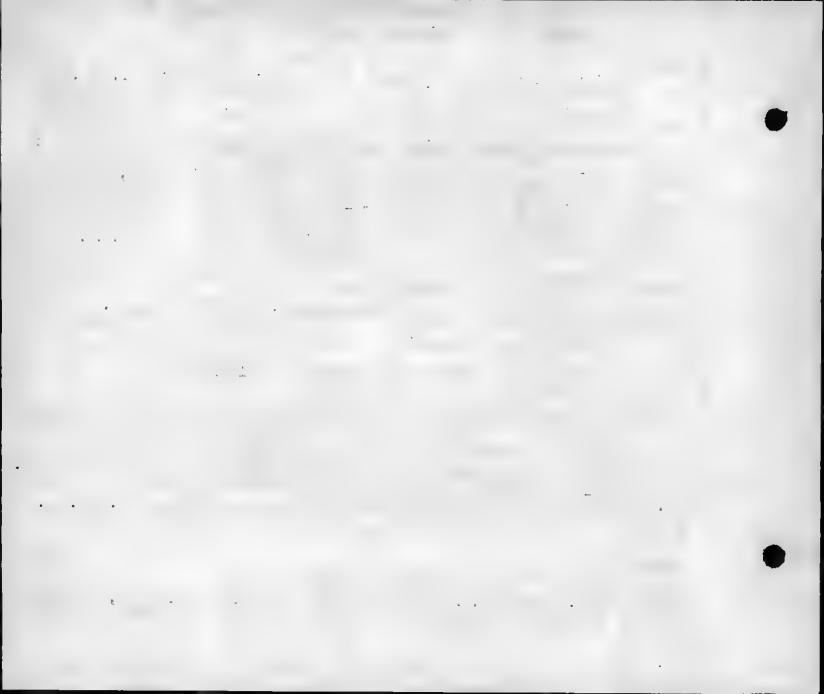
59

Mîn.

Day

1077 **EXAMINIER:** DEPUTY MEDICAL

5M 9/55



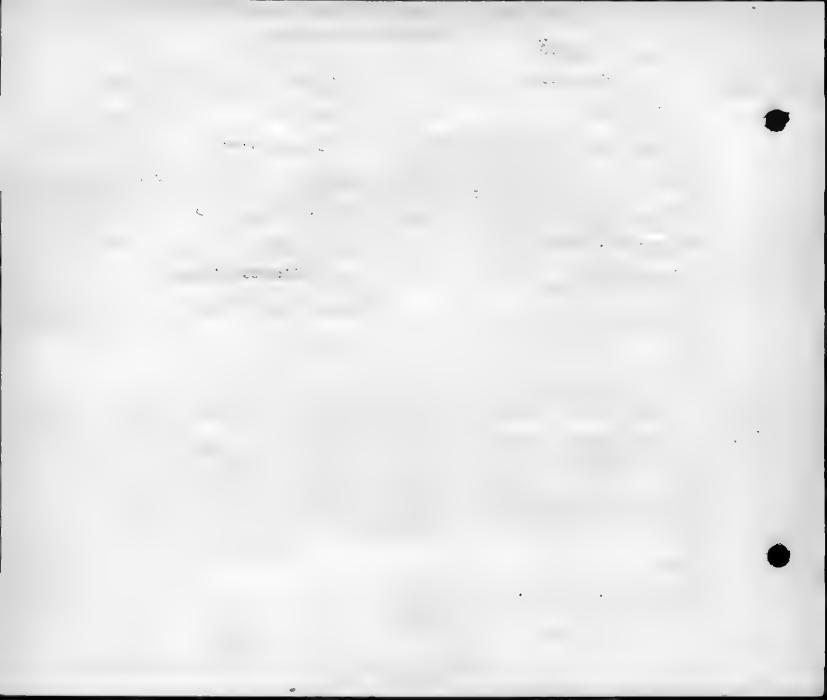
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۱A	RYLAN	D STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

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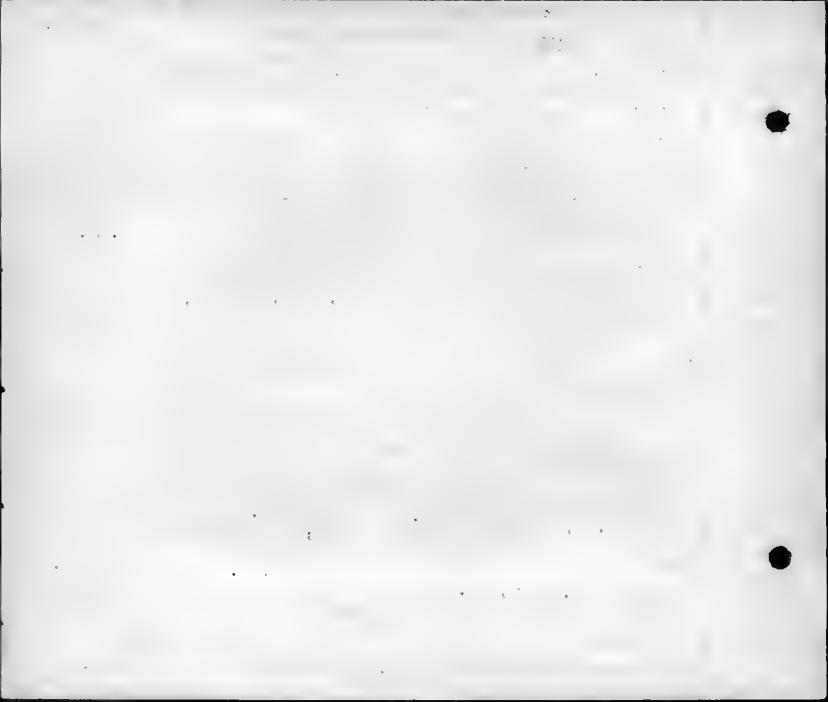
04722

		7000		CERTIFI	CAT	E OF DE	AIH			Reg. D	ist. No.		
١,	PLACE OF DEATH	2100			2.	USUAL RESIDEN	ICE (Who	era deceoseo			nce befo	re admissi	on)
_		rince Geor	298	MARYLAI	ND	Maryla	nd_		b. COUNT	ry n ce Ge	arge	5	
Г	b. CITY OR TOWN (II RURAL and give no	fautside corporate l'im arest tawn)	ils, write c.	LENGTH OF STAY IN	16	c. CITY OR TOV	VN (If or	ulside corpo	rate limits, write	RURAL and	give ned	rest town)
_	Riverda	le			X	Beltsv							
	d NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital,	give street add	ress)		d STREET ADD	RESS					e. IS RESI	DENCE FARM?
		Leland Mem	orial F	lospital		11703	Pine	Stre	et				NO 🗌
1	NAME OF DECEASED	Fi	rat	Middle		Last	-	4. DATE OF DEATH	M	onth	Do	у 1	feor
ــــــــــــــــــــــــــــــــــــــ	(Type or print)		ouis_	James		Wine	8	DEATH		pril	9		9 59
5.	SEX	6. COLOR OR RACE		NEVER MARRIED	-	ATE OF BIRTH	- '	,	9. AGE (In year lost birthday)	Months	R I YEAR	Hours	R 24 HRS. Min.
	Male	White	WIDOWED [May 14,	189		63 y	'S-			
IDo	during most of work	IN (Give kind of work ling life, even if reliced	done 10b. KIN d)	ID OF BUSINESS OR 1	NDUSTRY	I I I BIRTHPLACI	E (Stote o	or foreign co	ountry)	12. C	ITIZEN O	F WHAT	COUNTRY
	atired-Gov	t. Guard			- 1.		gini				USA		
13.	FATHER'S NAME				1	4. MOTHER'S MA	AIDEN N	AME '	-				
_	Clinton W	ines	Acces III		17. INFO		Lliz	abeth	Willia				
		it yes, give war or dates of		CIAL SECURITY NO.						ddress			
L	.700				1,6	fe-and	Medi	cal_R	ecord				
		ITH [Enter only one of TH WAS CAUSED BY:	guse per line fo	or (o). (b). and (c).]		· — .	<i>L</i> .	6	,	6 ,	E ONS	ET AND	DEATH
		IMMEDIATE CAUSE (lesulo	-20	127-01	Lung	m	cons	der	re	/	
	420.0	DUE TO	0										
	Conditions, if or gove rise to in	nmediate (b)										
	couse (p), stating t		0										
z	lying couse lost.	IER SIGNIFICANT CON	C)	TRIBUTING TO DEATH	BUT NO	DELATED TO TH	E TEDANII	NAI DICEASI	E CONDITION O	11/541 141 64	DV 14-1 II	D WAS I	LITORCY
12	1/		1,	11 /	- A - A -	-//	,	. 1	1 /	-		PERFO	RMED7
윤	20g. ACCIDENT WA	SAINDERLYING TI	20b DESCRIB	E HOW INJURY OCCI	URRED (F	eter notice of in			I of item 18.1	Cons	~ <u> </u>	LES [7]	NO 🗍
CERTIFICATION	OR CONTRIBUTING	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	la de la constante	e non morrocci	okkeb. (E	mer nordra or m	40.7	011 1 01 1 01					
	20c. TIME OF INJURY			RY OCCURRED 20	e. PLACE	OF INJURY (Hon	ne. form.	20f. (City	or town)		(County)		(Stote)
MEDICAL	Hour a m.	19	While of work	Not while	factory	, street, office bli	dg , etc.)	0. 10		(coomy)		(31012)
2	p. m.						. /	1 9	<	4.			
		at I aftended the	deceased	from Lines 20						Z,that I			
	alive an		, 1 <u>9_</u> _,	\mathbb{Z}_{+} , and that de	eath ac	curred at	A	M, fran	n the causes reet, city or tow	and an	the da		ed obave
	ACTUAL	1-A 7		1.				1001000 (3)	roei, city of ross	ii, sidiej			ile signed
	SIGNATURE		18-75-8		м в.								
	PHYSICIAN'S D	r. Donald	R. Purc	iie									
220	BURIAL CREMATION	N. 226. DATE THERE	OF 2	2c., NAME OF CEMETE	RY OR CR	EMATORY	T	22d JOCA	ION (City, town	, or county)		. (Stote) 4
1	Simula (Specify)	4/13/	9 1	rait Len	cal	Cen	.	Cals	nan 7	non	ar	M	1
23	FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	Th.		o. REC'E			GISTRAR'S S			
K	e with	Manglo	tran o	Carril,	11	D/	ATE AP	R 1 4 '5	9 0	iring s	Henry	z.A.	



		4703 CERTIFIC	ATE OF DEATH Reg. Dis	(J5952)
M)	1.	PLACE OF DEATH COUNTY Pringe George MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence State Maryland /Poince/Febrge E	te before admission) IOWARD
		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cheverly 4 hours	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town]
)		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GEORGE General	Route 1 Box 198 (See birth o	o. IS RESIDENCE ON A FARM?
			illiams 4. DATE Month OF DEATH April 14	Doy Year 1959
	5.	Female White WIDOWED DIVORCED	April 14 1959 lost birthdoy) Months	Doys Hours Min.
	L	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND during most of working life, even if retired) Newborn	Maryland	J.S.A.
1	L	Guy Willaims	14. MOTHER'S MAIDEN NAME Joyce Mae Mills	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (1979) 11 yes, give wor or dates of terrical 16. SOCIAL SECURITY NO. 17.	Mother, Joyce Mee Williams, Same	
		18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) TO X DUE TO	ty-	INTERVAL BETWEEN ONSET AND DEATH
		Canditians, If any, which gove rise to immediate cause (a), stating the <u>under-lying cause tast.</u> (b) DUE TO (c)		
7	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART RED. (Enter nature of injury in Port I or Part II of item 18.)	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		OR CONTRIBUTING CAUSE OF DEATH		20
	MEDICAL	Haur a.m. p.m. 19 While Not while of work all of work all of work.	octory, street, office bldg , etc)	aunty) (Stale)
			th occurred at \$154 M, from the causes and on the ADDRESS (Street, city or tawn, stole)	DATE SIGNED
1		PHYSICIAN'S John R. Buell , M.D.	_M.Dbaurel, Md.	Apr. 15
	<u></u>	BURIAL CREMATION 226. DATE THEREOF 226 NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, fown, or county)	(State)

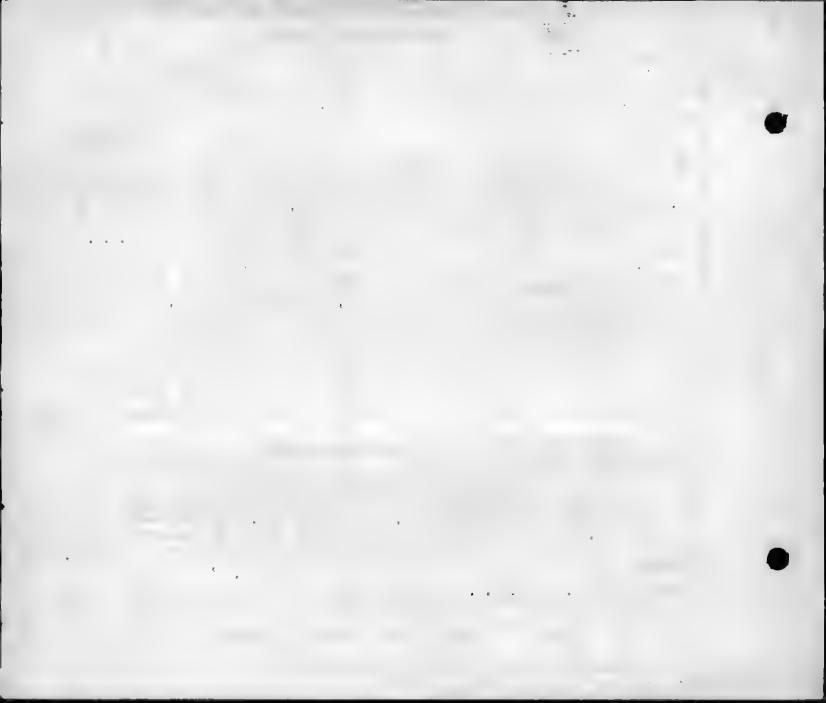
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Administrator

arthur I House

remaines that the death certificate



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4735

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)							
o. COUNTYPrince Georges MARYLAND	o. STATE Maryland b. COUNTY Prince Georges							
b. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 1b BOW 10 10 10 10 10 10 10 10 10 10 10 10 10	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) X Bowie, Md.							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Park avenue	d. STREET ADDRESS Park Avenue on a FARM? YES NOTE.							
3. NAME OF DECEASED (Type or print) Noh h iP - CATHERIN	L Lost 4. DATE Month Day Year OF DEATH April 5 1959							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED female white widowed Divorced	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Interest If UNDER 24 HRS. If U							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife own home	Virginia USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Samuel Spangler	Catherine Bowers							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 [Yes, no, or unknown] [(If yes, give wor or dotal of service)	NFORMANT Address							
nonone	Charles Woods Bowie, Md.							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caronary Land Co. Due To	um bosis = myccardial Interval Between onset and Death on min use							
Canditions, if ony, which gove rise to immediate couse (o), stoting the under	gove rise to immediate							
lying couse lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED?							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT COLD LEFT HE MANUAL CYCLE 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pt	ACE OF INJURY IHome, farm, 20f. (City ar town) (County) (State) ctory, street, affice bldg., etc.)							
21. I certify that I attended the deceased from 1952 to 45, 1959, that I last sow the alive on Cypical 4, 1959, and that death occurred at 4 M. from the causes and on the date state. ACTUAL SIGNATURE ADDRESS (Street, city or lawn, state) M.D. R. F. D. BUWIE M.C. S.								
PHYSICIAN'S H. James Kortz								
22c. NAME OF CEMETERY C REMOVAL (Specify) Burial April 7, 1959 Fort Line	oln Colmar Manor, Md.							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE							
F. Gasch's Sons Hyattsville, I	vid. DATE APR 7 159 Cithur & thous							

State and	RTIFICATE OF DEATH	D GEVE	
		The state of the s	
		THE RESERVE	
	Aller A		
		Control of the state of the sta	
FERT LAND		The Carlo de Lancie de Lan	
4 5	was not and	The state of the s	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4736

CERTIFICATE OF DEATH

04724

Reg. Dist. No.

	1. PLACE OF DEATH 9. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. STATE b. COUNTY
/	Prince (reages MARYLAND	b. COUNTY Called - V
	b. CITY OR TOWN (If outside corporate limits, write of c. LENGTH OF STAY IN 16 RURAL and give referent town) Pural - Holy Ish 1 2/2 was who	c. CITY OR TOWN (If outside forporote limits, write RURAL and give mearest lown)
)	d. NAME OF HOSPITAL OF not in hospital, give street address) OR INSTITUTION OF A MAN Single Man Man Single Man Man Single Man	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	3. NAME OF 3/10 Find the last Cotto	YES NO
	(Type or print) hostite Catherine	Zileh DEATH HAPVII 13 1959
	5. SEX 6. SOLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 1. Day - R . AGE (In years lost birthday) 7. Was a lost birthday) 9. AGE (In years lift under 24 HRS. Manths Days Hours Min.
	100. USUAL-OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	william Armbruster	Dorak Week
	(Yes, no, or unknown) (If yes, give wor or dates of service)	NFORMANT Address
	no none M	ursing Home Records
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Oro na my	I wrombosis 15 min
	420.1 DUE TO 01-14.	
	Conditions, if ony, which gove rise to immediate	Cardiovascular Viseus 2 10 yrs.
	couse (a), stoling the under-	V
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
1	ICATI	PERFORMED? YES \(\sum \ NO \(\sum \)
	OR CONTRIBUTING I CAUSE OF DEATH OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port 1 or Port II of item IB.)
	ZOC. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work O work	ACE OF INJURY (Home, form. 20f. (City or town) (County) (Stole) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Tankany	9, 1959, to April 13, 1959, that I last saw the deceased
	alive an AT FI 7, 1959 , and that death	accurred at 02 4 M. from the causes and an the date stated abave
	ACTUAL OF THE PROPERTY OF THE PARTY OF THE P	ADDRESS (Street, city, on lowy) stole) DATE SIGNED
	SIGNATURE COMPS M. STOPPONT M.	45 1701 arva (1700 4-13-59
	PHYSICIAN'S NAME (Type)	Takana fark hel
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CRÉMATORY 22d. LOCATION [City, town, or county] (Stote)
	Jurial 4/16/59 St. Lukes	Church Cem Cumberland Maryland
	23 J. W.M. Lee's Co. 300 4th St. NE. Was	
		DATE APR 1 6 '59 arthur & Krauk

TO FUNERAL DIRECT After this certifical page 3 shauld be defoched for use os the the registror prior to buriel, cremation, or VS A15 (4) 15M 10/57

After this certificate has been signed by the ottending physician and completely filled in by the factor this certificate has been signed by the ottending physician and completely filled in by the factor for use as the buriel-transit permit. Then please remove carbon papers. Pages 1 and 2 shaburial, cremation, or reproval, and in any event within 72 hours ofter death.

